|         |                      | Case 3.17-   | DK-01030-FIVIG  | DUC 13 FIIEU 00/23/17 F  | age I oi     | 41          |                               |
|---------|----------------------|--|---|--|--------------|-------------|-------------------------------|
| Fill    | in this info         | ormation to identify your                                    | case:   |  |              |             |                               |
| Deb     | tor 1                | Michael J Dinapo   | li  |  |              |             |                               |
| Dob     | tor 2                | First Name   | Middle Name   | Last Name  |              |             |                               |
|         | use if, filing)      | First Name   | Middle Name   | Last Name  |              |             |                               |
| Unit    | ed States I          | Sankruptcy Court for the:                                    | MIDDLE DISTRICT OF F                                      | FLORIDA  |              |             |                               |
| Cas     | e number             | 3:17-bk-01656  |   |  |              |             |                               |
| (if kno | own)                 |  |   |  |              |             | t if this is an<br>ded filing |
|         |                      |  |   |  |              | amend       | ded ming                      |
| ∩fí     | icial E              | orm 106Sum   |   |  |              |             |                               |
|         |                      |  | and Liabilities an  | d Certain Statistical Inform   | ation        |             | 12/15                         |
| Веа     | s complet            | e and accurate as possib                                     | le. If two married people                                 | are filing together, both are equally resp                                     | onsible for  | supplyin    | g correct                     |
|         |                      |  |   | e information on this form. If you are filing the box at the top of this page. | ng amende    | d schedul   | les after you file            |
| Part    | 1: Sum               | marize Your Assets   |   |  |              |             |                               |
|         |                      |  |   |  |              | Your as     | ssets                         |
|         |                      |  |   |  |              |             | of what you own               |
| 1.      | Schedule<br>1a. Copy | e A/B: Property (Official Foliane 55, Total real estate, for | orm 106A/B)<br>rom Schedule A/B                           |  |              | \$          | 501,638.00                    |
|         | 1b. Copy             | line 62, Total personal pro                                  | perty, from Schedule A/B                                  |  |              | \$          | 360,300.95                    |
|         | 1c. Copy             | line 63, Total of all property                               | y on Schedule A/B   |  |              | \$          | 861,938.95                    |
| Part    | 2: Sum               | marize Your Liabilities                                      |   |  |              |             |                               |
|         |                      |  |   |  |              | Your li     | abilities                     |
|         |                      |  |   |  |              |             | t you owe                     |
| 2.      |                      |  | laims Secured by Property<br>mn A, Amount of claim, at tl | (Official Form 106D)<br>ne bottom of the last page of Part 1 of <i>Sch</i> e   | edule D      | \$          | 606,377.00                    |
| 3.      |                      |  | Unsecured Claims (Official 1 (priority unsecured claims   | Form 106E/F)<br>s) from line 6e of <i>Schedule E/F</i>                         |              | \$          | 0.00                          |
|         | 3b. Сору             | the total claims from Part                                   | 2 (nonpriority unsecured cla                              | aims) from line 6j of Schedule E/F   |              | \$          | 27,041.00                     |
|         |                      |  |   |  |              |             |                               |
|         |                      |  |   | Your total   | liabilities  | \$          | 633,418.00                    |
| Part    | : 3: Sum             | ımarize Your Income and                                      | Expenses  |  |              |             |                               |
| 4.      | Schedule             | I: Your Income (Official Fo                                  | orm 106I)   |  |              |             |                               |
|         |                      |  |   | I  |              | \$          | 1,988.11                      |
| 5.      |                      | J: Your Expenses (Official r monthly expenses from li        |   |  |              | \$          | 3,691.67                      |
| Part    | 4: Ans               | wer These Questions for                                      | Administrative and Statis                                 | stical Records   |              |             |                               |
| 6.      | -                    | illing for bankruptcy under<br>You have nothing to report    |   | eck this box and submit this form to the co                                    | urt with you | r other sch | nedules.                      |
| 7.      | ■ Yes<br>What kin    | d of debt do you have?                                       |   |  |              |             |                               |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Michael J Dinapoli

Case number (if known) 3:17-bk-01656

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_1,988.11

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total clai | m    |
|--|------------|------|
| From Part 4 on Schedule E/F, copy the following:   |            |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$         | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$         | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$         | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$         | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$         | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$        | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$         | 0.00 |

| Fill in this info                       | rmation to identify yo                          | our case and th    | is filin  | a:                       |  |                |                     |        |  |
|---|---|--------------------|-----------|--------------------------|--|----------------|---------------------|--------|--|
|   |   |                    |           | 9.                       |  |                | 1                   |        |  |
| Debtor 1                                | Michael J Dina<br>First Name                    |                    | e Name    |                          | Last Name  |                |                     |        |  |
| Debtor 2                                |   |                    |           |                          |  |                |                     |        |  |
| (Spouse, if filing)                     | First Name                                      | Middle             | Name      |                          | Last Name  |                |                     |        |  |
| United States B                         | ankruptcy Court for the                         | e: MIDDLE D        | STRIC     | T OF FLORIDA             |  |                |                     |        |  |
| Case number                             | 3:17-bk-01656                                   |                    |           |                          |  |                |                     |        | Check if this is an amended filing         |
| O#: -: - I F                            | - ···- 400 A /D                                 |                    |           |                          |  |                |                     |        |  |
|   | orm 106A/B<br>le A/B: Pro                       | pertv              |           |                          |  |                |                     |        | 12/15                                      |
| hink it fits best.<br>nformation. If mo | Be as complete and accord space is needed, atta | urate as possibl   | e. If two | married people           | n asset fits in more than on<br>are filing together, both are<br>top of any additional page: | e equally resp | onsible for su      | ıpplyi | ng correct                                 |
| Answer every que                        | estion.<br>e Each Residence, Build              | ling, Land, or Ot  | her Rea   | ıl Estate You Owi        | n or Have an Interest In   |                |                     |        |  |
| . Do you own or                         | have any legal or equit                         | able interest in a | ny resic  | dence, building, l       | land, or similar property?   |                |                     |        |  |
| □ No. Go to Pa                          | art 2   |                    |           |                          |  |                |                     |        |  |
| _                                       | is the property?                                |                    |           |                          |  |                |                     |        |  |
| — 163. Wildie                           | is the property:                                |                    |           |                          |  |                |                     |        |  |
|   |   |                    |           |                          |  |                |                     |        |  |
| 1.1                                     |   |                    | What      | nt is the property       | ? Check all that apply   |                |                     |        |  |
|   | 9th Terrace                                     |                    |           | Single-family he         | ome  |                |                     |        | r exemptions. Put                          |
| Street address                          | s, if available, or other descrip               | tion               |           | •                        | =  |                |                     |        | ns on Schedule D:<br>cured by Property.    |
|   |   |                    |           | Condominium o            | or cooperative   |                |                     |        |  |
|   |   |                    |           | Manufactured of          | or mobile home   | Current va     | lue of the          | Cui    | rrent value of the                         |
| Ocala                                   |   | 34476-0000         |           | •                        |  | entire prop    | perty?              |        | tion you own?                              |
| City                                    | State   | ZIP Code           |           | Investment pro Timeshare | perty  | \$50           | 01,638.00           | _      | \$501,638.00                               |
|   |   |                    |           |                          |  |                |                     |        | wnership interest<br>by the entireties, or |
|   |   |                    | Who       | has an interest          | in the property? Check one   | •              | e), if known.       |        | ,  |
|   |   |                    |           | Debtor 1 only            |  |                |                     |        |  |
| Marion                                  |   |                    |           |                          |  |                |                     |        |  |
| County                                  |   |                    |           | _                        |  |                | c if this is com    | nmuni  | ty property                                |
|   |   |                    | Othe      | er information yo        | the debtors and another  u wish to add about this ite  | ,              | structions)<br>ocal |        |  |
|   |   |                    | μιορ      | perty identificatio      | n nulliyet.  |                |                     |        |  |
|   |   |                    |           |                          |  |                |                     |        |  |
|   |   |                    |           |                          | om Part 1, including an  |                |                     |        | \$501,638.00                               |
| Part 2: Describe                        | e Your Vehicles                                 |                    |           |                          |  |                |                     |        |  |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| ebtor 1 N          | /lichael J Dinapoli                  |  | Case number (if known)                 | 3:17-bk-01656                               |
|--------------------|--------------------------------------|--|--|---|
| Cars, vans         | , trucks, tractors, sport utility ve | ehicles, motorcycles                             |  |   |
| П.N.               | •                                    | •  |  |   |
| □ No               |                                      |  |  |   |
| Yes                |                                      |  |  |   |
|                    | Audi                                 |  | Do not deduct sec                      | ured claims or exemptions. Put              |
| 3.1 Make:          | A4                                   | Who has an interest in the property? Check one   | the amount of any                      | secured claims on Schedule D:               |
| Model:             |                                      | ■ Debtor 1 only                                  | Creditors who Hav                      | ve Claims Secured by Property.              |
| Year:              | 1998<br>mate mileage: 80000          | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only     | Current value of t<br>entire property? | the Current value of the portion you own?   |
|                    | formation:                           | ☐ At least one of the debtors and another        | chare property.                        | portion you own.                            |
|                    |                                      | — / throads one of the desires and another       |  |   |
|                    |                                      | ☐ Check if this is community property            | \$0                                    | .00 \$0.00                                  |
|                    |                                      | (see instructions)                               |  |   |
|                    | 12                                   |  | Do not doduct soc                      | ured claims or exemptions. Put              |
| .2 Make:           | Lincoln                              | Who has an interest in the property? Check one   | the amount of any                      | secured claims on Schedule D:               |
| Model:             | MKX                                  | Debtor 1 only                                    | Creditors Who Ha                       | ve Claims Secured by Property.              |
| Year:              | 2008                                 | Debtor 2 only                                    | Current value of t                     |   |
| • •                | mate mileage: 170000                 | Debtor 1 and Debtor 2 only                       | entire property?                       | portion you own?                            |
| Other in           | formation:                           | At least one of the debtors and another          |  |   |
|                    |                                      | ☐ Check if this is community property            | \$0                                    | .00 \$0.00                                  |
|                    |                                      | (see instructions)                               |  |   |
|                    |                                      | vn for all of your entries from Part 2, includin |  | \$0.00                                      |
| pages you          | i have attached for Part 2. Write    | that number here                                 | =>                                     |   |
| rt 3: Descri       | ibe Your Personal and Household It   | tems   |  |   |
|                    |                                      | nterest in any of the following items?           |  | Current value of the                        |
| •                  |                                      |  |  | portion you own?                            |
|                    |                                      |  |  | Do not deduct secured claims or exemptions. |
|                    | goods and furnishings                |  |  | diamino di oxomptiono.                      |
| Examples:<br>☐ No  | Major appliances, furniture, linens  | s, china, kitchenware                            |  |   |
| ■ Yes. De          | occribo                              |  |  |   |
| — 165. De          | Sonde                                |  |  |   |
|                    | Living Room                          |  |  |   |
|                    |                                      | t, 3 chairs, coffee table, 2 end tables (To      | otal Value                             |   |
|                    | \$900.00)                            |  |  |   |
|                    | Dinig Room Table 6 chairs            | , china cabinet, curio cabinet (Total Valu       | ue \$1000 00)                          |   |
|                    | Kitchen                              | , orma outmor, our o outmor (Total Vale          | μο ψτουσίου,                           |   |
|                    |                                      | tor, microwave, dishwasher, pots and p           | ans, small                             |   |
|                    | 1                                    | ensils (Total Value \$2000.00)                   |  |   |
|                    | Bedroom 3 heds 3 tables              | s, 3 dressers, 6 nightstands (Total Value        | e \$2000 00)                           | \$5,900.0                                   |
|                    | o beds, o table.                     | s, o dressers, o mgmistanas (rotai value         | , ψ2000.00)                            |   |
|                    |                                      |  |  |   |
| Electronics        |                                      | deo, stereo, and digital equipment; computers, p | rintore coannore: music o              | allactions: alactronic davisos              |
| <u>-лапіріе</u> б. | including cell phones, cameras, r    |  | minero, ocaminero, music co            | oncouons, electronic devices                |
| □ No               |                                      |  |  |   |
| Yes. De            | escribe                              |  |  |   |

| Debtor 1                                  | Michael J Di  | napoli   | Case number (if known)       | 3:17-bk-01656  |
|---|---|--|------------------------------|--|
|   |   | computer, laptop, tablet   |                              | \$1,000.00   |
| Examp<br>■ No                             |   | figurines; paintings, prints, or other artwork; books, pictures, or othe<br>ons, memorabilia, collectibles | er art objects; stamp, coin, | or baseball card collections;  |
| 9. <b>Equip</b> r<br><i>Examp</i><br>□ No | nent for sports a   | graphic, exercise, and other hobby equipment; bicycles, pool tables  | , golf clubs, skis; canoes   | and kayaks; carpentry tools;   |
|   |   | Golf Clubs   |                              | \$500.00   |
| □ No                                      |   | s, shotguns, ammunition, and related equipment   |                              |  |
|   |   | 2 handguns   |                              | \$200.00   |
| □ No ■ Yes  12. <b>Jewel</b> Exan □ No    | . Describe  | Used Clothes  welry, costume jewelry, engagement rings, wedding rings, heirloom                            | jewelry, watches, gems, ξ    | <b>\$200.00</b> Hold, silver   |
|   |   | rings, necklace, chains  |                              | \$2,000.00   |
| Exam  ■ No □ Yes  14. Any o ■ No          | arm animals nples: Dogs, cats,  Describe  other personal and Give specific info | d household items you did not already list, including any health   | h aids you did not list      |  |
|   |   | of all of your entries from Part 3, including any entries for page<br>number here                          | s you have attached          | \$9,800.00   |
|   | escribe Your Finan  |  |                              | Current value of the   |
| Do you o                                  | wii or nave any i   | egal or equitable interest in any of the following?  |                              | Current value of the portion you own?  Do not deduct secured claims or exemptions. |

| D   | ebtor 1                   | Michael J Dinapoli   | Cas   | e number (if known)     | 3:17-bk-01656               |
|-----|---------------------------|--|---|-------------------------|-----------------------------|
| 16. | □ No                      | oles: Money you have in your wallet, in your home  |   | n you file your petitic | n                           |
|     |                           |  |   | Cash                    | \$50.00                     |
| 17. |                           | ts of money<br>bles: Checking, savings, or other financial accoun<br>institutions. If you have multiple accounts wi  |   | unions, brokerage h     | ouses, and other similar    |
|     | _                         |  | Institution name:                             |                         |                             |
|     |                           | 17.1.  | Bank of America Checking end                  | ling in 9822            | \$450.95                    |
| 18. | Examp                     | mutual funds, or publicly traded stocks bles: Bond funds, investment accounts with broke Institution or issuer nar   | , ,   |                         |                             |
| 19. | Non-pu<br>joint v         | ublicly traded stock and interests in incorpora<br>enture  | ted and unincorporated businesses, ir         | ncluding an interest    | in an LLC, partnership, and |
|     | ■ Yes.                    | Give specific information about them<br>Name of entity:  |   | of ownership:           |                             |
|     |                           | M Dinapoli LLC   |   | 100% %                  | \$0.00                      |
| 20. | Negotia<br>Non-na<br>■ No | ament and corporate bonds and other negotia<br>able instruments include personal checks, cashie<br>egotiable instruments are those you cannot transf<br>Give specific information about them<br>Issuer name: | rs' checks, promissory notes, and money       |                         |                             |
| 21. | Examp<br>■ No             | nent or pension accounts<br>bles: Interests in IRA, ERISA, Keogh, 401(k), 403(   | b), thrift savings accounts, or other pensi   | on or profit-sharing p  | olans                       |
|     | ☐ Yes.                    | List each account separately.  Type of account:  | Institution name:                             |                         |                             |
| 22. | Your sl                   | y deposits and prepayments<br>hare of all unused deposits you have made so the<br>bles: Agreements with landlords, prepaid rent, put   |   |                         | ies, or others              |
|     | ■ No<br>□ Yes.            |  | Institution name or individual:               |                         |                             |
| 23. | _                         | ies (A contract for a periodic payment of money to   | o you, either for life or for a number of yea | ars)                    |                             |
|     | ■ No<br>□ Yes             | Issuer name and description.   |   |                         |                             |
| 24. |                           | s in an education IRA, in an account in a qual C. §§ 530(b)(1), 529A(b), and 529(b)(1).  | ified ABLE program, or under a qualifi        | ed state tuition pro    | gram.                       |
|     | ☐ Yes                     | Institution name and description. S  | separately file the records of any interests  | .11 U.S.C. § 521(c):    |                             |
| 25. | ■ No                      | equitable or future interests in property (other Give specific information about them  | r than anything listed in line 1), and riq    | ghts or powers exe      | rcisable for your benefit   |

| De          | ebtor 1           | Michael J Dinapoli  |  | Case number (if known)                         | 3:17-bk-01656   |
|-------------|-------------------|---|--|--|---|
| 26.         | Exam <sub>l</sub> |   | de secrets, and other intellectual posites, proceeds from royalties and    |  |   |
|             | ■ No<br>□ Yes.    | Give specific information about   | them   |  |   |
| 27.         |                   | es, franchises, and other gen<br>oles: Building permits, exclusive                          |  | oldings, liquor licenses, professional license | es  |
|             | ■ No<br>□ Yes.    | Give specific information about   | them   |  |   |
| М           | onev or           | property owed to you?   |  |  | Current value of the  |
|             | <b>,</b>          | ,   |  |  | portion you own?  Do not deduct secured claims or exemptions. |
| 28.         | Tax ref           | funds owed to you   |  |  |   |
|             | ☐ Yes.            | Give specific information about   | them, including whether you already  | filed the returns and the tax years            |   |
| 29.         | Exam              | support<br>oles: Past due or lump sum alim  | ony, spousal support, child support,                                       | maintenance, divorce settlement, property      | settlement  |
|             | ■ No<br>□ Yes.    | Give specific information   |  |  |   |
| 30.         |                   | amounts someone owes you<br>bles: Unpaid wages, disability in<br>benefits; unpaid loans you |  | s, sick pay, vacation pay, workers' compen     | sation, Social Security                                       |
|             | ■ No<br>□ Yes.    | Give specific information   |  |  |   |
| 31.         |                   | sts in insurance policies<br>oles: Health, disability, or life ins                          | urance; health savings account (HS/  | A); credit, homeowner's, or renter's insuran   | се  |
|             | ■ No              |   |  |  |   |
|             | ⊔ Yes.            | Name the insurance company of Company   |  | Beneficiary:                                   | Surrender or refund value:                                    |
| 32.         | If you            |   | rou from someone who has died<br>st, expect proceeds from a life insura    | ance policy, or are currently entitled to rece | ive property because  |
|             | ■ No              |   |  |  |   |
|             | ☐ Yes.            | Give specific information   |  |  |   |
| 33.         |                   |   | r or not you have filed a lawsuit or putes, insurance claims, or rights to |  |   |
|             | Yes.              | Describe each claim   |  |  |   |
|             |                   |   | UBS Financial  |  |   |
|             |                   |   | Wrongful termination   |  | \$350,000.00  |
|             |                   |   |  |  |   |
| 34.         | ■ No              | contingent and unliquidated c  Describe each claim  | ıaıms ot every nature, including c   | ounterclaims of the debtor and rights to       | set off claims  |
| 0.5         |                   |   | adv liet   |  |   |
| <b>პ</b> 5. | Any fir<br>■ No   | nancial assets you did not alre   | auy IIST   |  |   |

 $\hfill\square$  Yes. Give specific information..

| Deb          | otor 1          | Michael J Dinapoli   |                             | Case number (if known)    | 3:17-bk-01656            |
|--------------|-----------------|--|-----------------------------|---------------------------|--------------------------|
| 36.          |                 | the dollar value of all of your entries from Part 4, includir<br>art 4. Write that number here                               |                             |                           | \$350,500.95             |
| Part         | 5: De           | scribe Any Business-Related Property You Own or Have an Inter  | rest In. List any real esta | ate in Part 1.            |                          |
| 37. <b>[</b> | Do you o        | own or have any legal or equitable interest in any business-relat  | ed property?                |                           |                          |
|              | No. Go          | o to Part 6.   |                             |                           |                          |
|              | <b>1</b> Yes. 0 | Go to line 38.   |                             |                           |                          |
| Part         |                 | escribe Any Farm- and Commercial Fishing-Related Property You<br>you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes      | st In.                    |                          |
| 46.          | Do yoι          | ı own or have any legal or equitable interest in any farm-   | or commercial fishir        | ng-related property?      |                          |
|              | ■ No.           | Go to Part 7.  |                             |                           |                          |
|              | ☐ Yes           | s. Go to line 47.  |                             |                           |                          |
| Part         | t 7:            | Describe All Property You Own or Have an Interest in That You  | u Did Not List Above        |                           |                          |
| 53.          |                 | u have other property of any kind you did not already list   | ?                           |                           |                          |
|              | Examp<br>■ No   | ples: Season tickets, country club membership  |                             |                           |                          |
|              |                 | Give specific information  |                             |                           |                          |
|              | <b>⊒</b> 165.   | Give specific information  |                             |                           |                          |
| 54.          | Add t           | the dollar value of all of your entries from Part 7. Write th  | at number here              |                           | \$0.00                   |
| Part         | t 8:            | List the Totals of Each Part of this Form  |                             | '                         |                          |
| 55.          | Part 1          | 1: Total real estate, line 2   |                             |                           | \$501,638.00             |
|              |                 | 2: Total vehicles, line 5  | \$0.00                      |                           |                          |
| 57.          | Part 3          | 3: Total personal and household items, line 15   | \$9,800.00                  |                           |                          |
| 58.          | Part 4          | 4: Total financial assets, line 36   | \$350,500.95                |                           |                          |
| 59.          | Part 5          | 5: Total business-related property, line 45  | \$0.00                      |                           |                          |
| 60.          | Part 6          | 6: Total farm- and fishing-related property, line 52   | \$0.00                      |                           |                          |
| 61.          | Part 7          | 7: Total other property not listed, line 54 +  | \$0.00                      |                           |                          |
| 62.          | Total           | personal property. Add lines 56 through 61   | \$360,300.95                | Copy personal property to | stal <b>\$360,300.95</b> |
| 63.          | Total           | of all property on Schedule A/B. Add line 55 + line 62   |                             |                           | \$861,938.95             |

|                                      |   |  |  | _  |
|--------------------------------------|---|--|--|--|
| Fill in this                         | information to identify you                                 | r case:  |  |  |
| Debtor 1                             | Michael J Dinap   |  |  |  |
| Debtor 2                             | First Name  | Middle Name  | Last Name  |  |
| (Spouse if, filir                    | ng) First Name  | Middle Name  | Last Name  |  |
| United Sta                           | tes Bankruptcy Court for the:                               | MIDDLE DISTRICT OF FL  | ORIDA  |  |
| Case numb                            | per <b>3:17-bk-01656</b>                                    |  |  |  |
| (if known)                           |   |  |  | ☐ Check if this is an amended filing                               |
| Official                             | Form 106C   |  |  |  |
|                                      |   | operty You Cla   | aim as Exempt  | 4/16   |
| the property<br>needed, fill         | you listed on Schedule A/B:                                 | Property (Official Form 106A/E   | ng together, both are equally responsible for as your source, list the property that you onal Page as necessary. On the top of any   | u claim as exempt. If more space is                                |
| any applica<br>funds—ma<br>exemption | able statutory limit. Some e<br>y be unlimited in dollar am | xemptions—such as those foo<br>ount. However, if you claim a   | e full fair market value of the property be<br>or health aids, rights to receive certain in<br>an exemption of 100% of fair market valuer<br>orty is determined to exceed that amour | benefits, and tax-exempt retirement ue under a law that limits the |
| Part 1:                              | Identify the Property You C                                 | laim as Exempt   |  |  |
| 1. Which                             | set of exemptions are you                                   | claiming? Check one only, ev   | ren if your spouse is filing with you.   |  |
| ■ You                                | are claiming state and feder                                | al nonbankruptcy exemptions.   | 11 U.S.C. § 522(b)(3)  |  |
| ☐ You                                | are claiming federal exempti                                | ons. 11 U.S.C. § 522(b)(2)   |  |  |
| 2. For an                            | y property you list on Sche                                 | dule A/B that you claim as ex  | xempt, fill in the information below.  |  |
|                                      | escription of the property and I                            | ine on Current value of the portion you own  | Amount of the exemption you claim  | Specific laws that allow exemption                                 |
|                                      |   | Copy the value from<br>Schedule A/B  | Check only one box for each exemption.   |  |
|                                      | escription:   |  |  |  |
| Line iro                             | om Schedule A/B:  |  | 100% of fair market value, up to any applicable statutory limit  |  |
| (Subje                               | ct to adjustment on 4/01/19 a                               | emption of more than \$160,3 and every 3 years after that for the second | 75?<br>cases filed on or after the date of adjustme  | ent.)  |
| ■ N                                  |   | ato a source different and a second  | White A OAE developed (C. 1911)  | -0   |
| □ Y <sub>1</sub>                     |   | erry covered by the exemption (  | within 1,215 days before you filed this case   | <b>)</b> (   |

☐ Yes

Official Form 106C

|  |                                |  |            |  | .ge _0 0:                                    |                   |
|--|--------------------------------|--|------------|--|--|-------------------|
| Fill in this informati                         | ion to identify you            | ır case:   |            |  |  |                   |
| Debtor 1                                       | Michael J Dinar                | poli   |            |  |  |                   |
|  | First Name                     | Middle Name Last Na  | ame        |  |  |                   |
| Debtor 2                                       |                                |  |            |  |  |                   |
| (Spouse if, filing)                            | First Name                     | Middle Name Last Na  | ame        |  |  |                   |
| United States Bankru                           | uptcy Court for the            | MIDDLE DISTRICT OF FLORIDA   |            |  |  |                   |
| Case number 3:1                                | 7-bk-01656                     |  |            |  |  |                   |
| (if known)                                     |                                |  |            |  | ☐ Check                                      | if this is an     |
|  |                                |  |            |  | amend  | ded filing        |
| Official Form 1                                | 06D                            |  |            |  |  |                   |
|  |                                | Who Have Claims Secu   | ured       | by Propert   | v  | 12/15             |
|  |                                |  |            | <u> </u>   | •  |                   |
|  |                                | If two married people are filing together, both<br>out, number the entries, and attach it to this fo   |            |  |  |                   |
| 1. Do any creditors hav                        | ve claims secured by           | y your property?   |            |  |  |                   |
|  |                                | his form to the court with your other schedu   | ules. You  | have nothing else to                                   | o report on this form.                       |                   |
| _  | of the information             | •  |            | g e.ee t   |  |                   |
|  |                                | below.   |            |  |  |                   |
| <u> </u>                                       | ecured Claims                  |  |            | Column A   | Column B                                     | Column C          |
| for each claim. If more                        | than one creditor has          | more than one secured claim, list the creditor seps a particular claim, list the other creditors in Part cal order according to the creditor's name. |            | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion |
| 2.1 <b>M &amp; T Bank</b>                      |                                | Describe the property that secures the claim   | n:         | \$606,377.00   | \$501,638.00                                 | \$104,739.00      |
| Creditor's Name                                |                                | 9545 SW 9th Terrace Ocala, FL 34476 Marion County  |            | ,  |  |                   |
| Do Poy 944                                     |                                | As of the date you file, the claim is: Check all   | l<br>that  |  |  |                   |
| Po Box 844<br>Buffalo, NY 1                    | 14240                          | apply.   |            |  |  |                   |
| Number, Street, City                           |                                | ☐ Contingent ☐ Unliquidated  |            |  |  |                   |
| riambol, euroet, eng                           | , ciaic a 2.p ccac             | ☐ Disputed   |            |  |  |                   |
| Who owes the debt?                             | Check one.                     | Nature of lien. Check all that apply.  |            |  |  |                   |
| Debtor 1 only                                  |                                | ☐ An agreement you made (such as mortgage  | e or secur | ed   |  |                   |
| Debtor 2 only                                  |                                | car loan)  |            |  |  |                   |
| ☐ Debtor 1 and Debto                           | r 2 only                       | ☐ Statutory lien (such as tax lien, mechanic's   | lien)      |  |  |                   |
| ☐ At least one of the d                        |                                | ☐ Judgment lien from a lawsuit   |            |  |  |                   |
| Check if this claim community debt             | relates to a                   | Other (including a right to offset)  |            |  |  |                   |
| Data dalah sasi sa                             | Opened<br>04/13 Last<br>Active |  | 2809       |  |  |                   |
| Date debt was incurre                          | d 6/12/15                      | Last 4 digits of account number  | 1009       |  |  |                   |
|  |                                |  |            |  |  |                   |
| Add the dollar value                           | of your entries in C           | column A on this page. Write that number here  | e:         | \$606,37   | 7.00   |                   |
| If this is the last pag<br>Write that number h |                                | the dollar value totals from all pages.  |            | \$606,37   | 77.00  |                   |

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

| Fill in this infor   | mation to identify your o  | case:   |   |  |   |   |   |
|--|--|---|---|--|---|---|---|
| Debtor 1   | Michael J Dinapol  |   |   |  |   |   |   |
| Dahtar 0   | First Name   | Middle Na   | ime   | Last Name  |   |   |   |
| Debtor 2<br>(Spouse if, filing)  | First Name   | Middle Na   | ıme   | Last Name  |   |   |   |
| United States Ba   | ankruptcy Court for the:   | MIDDLE DIS  | STRICT OF FLORI   | DA   |   |   |   |
| Case number  | 3:17-bk-01656  |   |   |  |   |   |   |
| (if known)   | 5.17 BK 01000  |   | _   |  |   |   | Check if this is an   |
|  |  |   |   |  |   | a   | mended filing   |
|  | /F: Creditors W  |   |   |  | Dout 2 for availtons u  | NONDDIODITY alai  | 12/15   |
| any executory con<br>Schedule G: Execu<br>Schedule D: Credit<br>left. Attach the Con<br>name and case nu | ` ,  | that could resu<br>ired Leases (Of<br>ured by Propert<br>e. If you have n | It in a claim. Also li<br>ficial Form 106G). D<br>y. If more space is r<br>o information to rep | st executory on<br>o not include<br>needed, copy | contracts on Schedu<br>any creditors with p<br>the Part you need, fil | le A/B: Property (Offici<br>artially secured claims<br>Il it out, number the en | al Form 106A/B) and on<br>that are listed in<br>tries in the boxes on the |
|  | II of Your PRIORITY Un ors have priority unsecured   |   |   |  |   |   |   |
| No. Go to F  |  | u ciaiilis agailis  | at you!   |  |   |   |   |
| Yes.   | Fait 2.  |   |   |  |   |   |   |
|  | II of Your NONPRIORIT  | V Uncocured   | Claime  |  |   |   |   |
| No. You ha Yes.  4. List all of you unsecured clai than one credii                                       | ors have nonpriority unsecute nothing to report in this part of the report in this part of the report in this part of the report | art. Submit this for each claim.  | orm to the court with y  nabetical order of the  For each claim listed,                         | e creditor who                                   | o holds each claim. It  | not list claims already inc   | cluded in Part 1. If more   |
| Part 2.  |  |   |   |  |   |   | Total alaim   |
|  |  |   |   |  |   |   | Total claim   |
| 4.1 Ally Fir   | nancial<br>y Creditor's Name   |   | Last 4 digits of acco   | ount number                                      | 2307  |   | \$0.00  |
| 200 Re   | naissance Ctr<br>, MI 48243  |   | When was the debt   | incurred?  | Opened 11/07<br>7/21/11   | Last Active   | -   |
|  | Street City State Zlp Code urred the debt? Check one.  |   | As of the date you f  | ile, the claim                                   | is: Check all that appl   | у   |   |
| ■ Debto  | r 1 only   |   | ☐ Contingent  |  |   |   |   |
| ☐ Debto  | r 2 only   |   | ☐ Unliquidated  |  |   |   |   |
|  | r 1 and Debtor 2 only  |   | □ Disputed  |  |   |   |   |
|  | st one of the debtors and and  |   | Type of NONPRIOR  | ITY unsecure                                     | d claim:  |   |   |
| _  | cif this claim is for a comm   |   | ☐ Student loans   |  |   |   |   |
| debt   |  |   |   |  | ration agreement or d   | livorce that you did not  |   |
| _  | im subject to offset?  |   | report as priority clair  |  |   | 7   |   |
| ■ No   |  |   | •   | •  | g plans, and other sin  | nılar debts   |   |
| ☐ Yes  |  |   | Other. Specify  | Lease  |   |   | -   |

| Debto | r 1 Michael J Dinapoli   |  | Case number (if know)           | 3:17-bk-01656   |             |
|-------|--|--|---------------------------------|-----------------|-------------|
| 4.2   | Amex   | Last 4 digits of account number                              | 5213                            |                 | \$10,398.00 |
|       | Nonpriority Creditor's Name Correspondence Po Box 981540 El Paso, TX 79998     | When was the debt incurred?                                  | Opened 10/03 Last 12/10/14      | Active          |             |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.           | As of the date you file, the claim                           | is: Check all that apply        |                 |             |
|       | Debtor 1 only  | Contingent   |                                 |                 |             |
|       | Debtor 2 only  | ☐ Unliquidated   |                                 |                 |             |
|       | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another         | ☐ Disputed  Type of NONPRIORITY unsecure                     | d claim:                        |                 |             |
|       | ☐ Check if this claim is for a community debt                                  | ☐ Student loans  |                                 |                 |             |
|       | Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims |                                 |                 |             |
|       | No   | Debts to pension or profit-sharing                           | •                               | ots             |             |
|       | Yes  | Other. Specify Credit Card                                   | ı                               |                 |             |
| 4.3   | Amex Nonpriority Creditor's Name   | Last 4 digits of account number                              | 8983                            |                 | \$0.00      |
|       | Correspondence<br>Po Box 981540<br>El Paso, TX 79998                           | When was the debt incurred?                                  | Opened 3/14/14 La<br>5/22/14    | st Active       |             |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim                           | is: Check all that apply        |                 |             |
|       | ■ Debtor 1 only  | ☐ Contingent   |                                 |                 |             |
|       | Debtor 2 only  | ☐ Unliquidated   |                                 |                 |             |
|       | Debtor 1 and Debtor 2 only   | Disputed   |                                 |                 |             |
|       | At least one of the debtors and another  | Type of NONPRIORITY unsecure  ☐ Student loans                | d claim:                        |                 |             |
|       | ☐ Check if this claim is for a community debt  Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce t  | hat you did not |             |
|       | No   | Debts to pension or profit-sharir                            | ng plans, and other similar del | ots             |             |
|       | □ Yes  | ■ Other Specify Credit Card                                  |                                 |                 |             |
| 4.4   | Bank Of America  | Last 4 digits of account number                              | 9551                            |                 | \$0.00      |
|       | Nonpriority Creditor's Name Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410    | When was the debt incurred?                                  | Opened 05/04 Last 2/23/11       | Active          |             |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.            | As of the date you file, the claim                           | is: Check all that apply        |                 |             |
|       | Debtor 1 only  | ☐ Contingent   |                                 |                 |             |
|       | Debtor 2 only  | ☐ Unliquidated   |                                 |                 |             |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed   |                                 |                 |             |
|       | At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:                        |                 |             |
|       | ☐ Check if this claim is for a community debt                                  | ☐ Student loans ☐ Obligations arising out of a sepa          | aration agreement or divorce t  | hat you did not |             |
|       | Is the claim subject to offset?  | report as priority claims                                    | and an order                    |                 |             |
|       | ■ No   | Debts to pension or profit-sharin                            |                                 | DIS             |             |
|       | ☐ Yes  | Other Specify Credit Card                                    | 1                               |                 |             |

| Debto | or 1 Michael J Dinapoli  |  | Case number (if know)   | 3:17-bk-01656   |          |  |  |  |  |
|-------|--|--|---|-----------------|----------|--|--|--|--|
| 4.5   | Bank Of America  | Last 4 digits of account number                            | 7284  |                 | \$0.00   |  |  |  |  |
|       | Nonpriority Creditor's Name Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410                    | When was the debt incurred?                                | Opened 09/05 Last 2/28/11   | Active          |          |  |  |  |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.                            | As of the date you file, the claim                         | is: Check all that apply  |                 |          |  |  |  |  |
|       | Debtor 1 only  | ☐ Contingent   |   |                 |          |  |  |  |  |
|       | Debtor 2 only  | ☐ Unliquidated   |   |                 |          |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                 |          |  |  |  |  |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               | d claim:  |                 |          |  |  |  |  |
|       | ☐ Check if this claim is for a community debt  Is the claim subject to offset?                 |  | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not |                 |          |  |  |  |  |
|       | No   | Debts to pension or profit-sharir                          | ng plans, and other similar del   | nts             |          |  |  |  |  |
|       | ☐ Yes  | Other. Specify     Credit Card                             |   | , i             |          |  |  |  |  |
| 4.6   | Capio Partners LIc   | Last 4 digits of account number                            | 9418  |                 | \$238.00 |  |  |  |  |
|       | Nonpriority Creditor's Name 2222 Texoma Pkwy Ste 150 Sherman, TX 75090                         | When was the debt incurred?                                | Opened 12/16  |                 |          |  |  |  |  |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.                           |  |   |                 |          |  |  |  |  |
|       | Debtor 1 only  | ☐ Contingent   |   |                 |          |  |  |  |  |
|       | ☐ Debtor 2 only  | ☐ Unliquidated   |   |                 |          |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                 |          |  |  |  |  |
|       | $\square$ At least one of the debtors and another  | d claim:   |   |                 |          |  |  |  |  |
|       | ☐ Check if this claim is for a community   | Student loans  |   |                 |          |  |  |  |  |
|       | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce t  | hat you did not |          |  |  |  |  |
|       | ■ No   | ☐ Debts to pension or profit-sharin                        | ng plans, and other similar del   | ots             |          |  |  |  |  |
|       | ☐ Yes  | Other. Specify Collection Center                           | Attorney Ocala Regio  | nal Medical     |          |  |  |  |  |
| 4.7   | Capital One  | Last 4 digits of account number                            | 4617  |                 | \$0.00   |  |  |  |  |
|       | Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285               | When was the debt incurred?                                | Opened 06/02 Last 2/18/10   | Active          |          |  |  |  |  |
|       | Salt Lake City, UT 84130  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                         | is: Check all that apply  |                 |          |  |  |  |  |
|       | Debtor 1 only  | ☐ Contingent   |   |                 |          |  |  |  |  |
|       | ☐ Debtor 2 only  | ☐ Debtor 2 only ☐ Unliquidated                             |   |                 |          |  |  |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |                 |          |  |  |  |  |
|       | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecure                               |   |                 |          |  |  |  |  |
|       | ☐ Check if this claim is for a community   | Student loans  |   |                 |          |  |  |  |  |
|       | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims | aration agreement or divorce t  | hat you did not |          |  |  |  |  |
|       | ■ No   | Debts to pension or profit-sharir                          | ng plans, and other similar deb   | ots             |          |  |  |  |  |
|       | □ Yes  | Other Specify Credit Card                                  | 1   |                 |          |  |  |  |  |

| Debto | r 1 Michael J Dinapoli   |   | Case number (if know)                                 | 3:17-bk-01656  |        |  |  |
|-------|--|---|---|----------------|--------|--|--|
| 4.8   | Capital One  | Last 4 digits of account number   | 0614  |                | \$0.00 |  |  |
|       | Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 | When was the debt incurred?   | Opened 6/02/02 Las<br>9/18/08                         | t Active       |        |  |  |
|       | Salt Lake City, UT 84130  Number Street City State Zlp Code                      | As of the data you file, the claim  | in. Chaola all that apply                             |                |        |  |  |
|       | Who incurred the debt? Check one.  | As of the date you file, the claim  | в. Спеск ан тат арргу                                 |                |        |  |  |
|       | ■ Debtor 1 only  | ☐ Contingent  |   |                |        |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |   |                |        |  |  |
|       | Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |                |        |  |  |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:  |                |        |  |  |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |   |                |        |  |  |
|       | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                  | ration agreement or divorce the                       | at you did not |        |  |  |
|       | No   | Debts to pension or profit-sharing  | g plans, and other similar debts                      | 3              |        |  |  |
|       | Yes  | ■ Other. Specify Credit Card  | l   |                |        |  |  |
| 4.9   | Chase Auto Finance Nonpriority Creditor's Name                                   | Last 4 digits of account number   | 4215  |                | \$0.00 |  |  |
|       | National Bankruptcy Dept<br>201 N Central Ave Ms Az1-1191<br>Phoenix, AZ 85004   | When was the debt incurred?   | Opened 06/11 Last A<br>4/09/13                        | Active         |        |  |  |
|       | Number Street City State Zlp Code  Who incurred the debt? Check one.             | As of the date you file, the claim  | is: Check all that apply                              |                |        |  |  |
|       | Debtor 1 only  | ☐ Contingent  |   |                |        |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |   |                |        |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |   |                |        |  |  |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:  |                |        |  |  |
|       | ☐ Check if this claim is for a community   | ☐ Student loans   |   |                |        |  |  |
|       | debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                  | of a separation agreement or divorce that you did not |                |        |  |  |
|       | No   | Debts to pension or profit-sharing  | g plans, and other similar debts                      | 3              |        |  |  |
|       | Yes  | Other. Specify Automobile   | )   |                |        |  |  |
| 4.1   | Chase Auto Finance Nonpriority Creditor's Name                                   | Last 4 digits of account number   | 2012  |                | \$0.00 |  |  |
|       | National Bankruptcy Dept 201 N Central Ave Ms Az1-1191 Phoenix, AZ 85004         | When was the debt incurred?   | Opened 05/11 Last A<br>4/09/13                        | Active         |        |  |  |
|       | Number Street City State Zlp Code Who incurred the debt? Check one.              | As of the date you file, the claim  | is: Check all that apply                              |                |        |  |  |
|       | ■ Debtor 1 only  | ☐ Contingent  |   |                |        |  |  |
|       | Debtor 2 only  | ☐ Unliquidated  |   |                |        |  |  |
|       | ☐ Debtor 1 and Debtor 2 only   | Disputed  |   |                |        |  |  |
|       | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:  |                |        |  |  |
|       | ☐ Check if this claim is for a community debt                                    | <ul><li>☐ Student loans</li><li>☐ Obligations arising out of a sepa</li></ul> | ration agreement or divorce that                      | at you did not |        |  |  |
|       | Is the claim subject to offset?  | report as priority claims   |   |                |        |  |  |
|       | No   | Debts to pension or profit-sharing  | •   | 5              |        |  |  |
|       | Yes  | Other. Specify Automobile   | )   |                |        |  |  |

| Debt     | or 1 Michael J Dinapoli  |  | Case number (if know)  | 3:17-bk-01656    |             |  |  |  |
|----------|--|--|--|------------------|-------------|--|--|--|
| 4.1<br>1 | Citizens Bank  | Last 4 digits of account number                              | 6730   |                  | \$0.00      |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy 443 Jefferson Blvd Ms Rjw-135                       | When was the debt incurred?                                  | Opened 07/02 Last 1/31/08  | Active           |             |  |  |  |
|          | Warwick, RI 02886  Number Street City State Zlp Code   | As of the date you file, the claim                           |  |                  |             |  |  |  |
|          | Who incurred the debt? Check one.  |  |  |                  |             |  |  |  |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |                  |             |  |  |  |
|          | Debtor 2 only  |  |  |                  |             |  |  |  |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |                  |             |  |  |  |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:   |                  |             |  |  |  |
|          | ☐ Check if this claim is for a community   | Student loans  |  |                  |             |  |  |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | , and the second | •                |             |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar de  | bts              |             |  |  |  |
|          | Yes  | ■ Other. Specify Automobile                                  | 9  |                  |             |  |  |  |
| 4.1      | Credit Collection Bure   | Last 4 digits of account number                              | 004A   |                  | \$15,771.00 |  |  |  |
|          | Nonpriority Creditor's Name 333 City Blvd West Orange, CA 92868                                  | When was the debt incurred?                                  | Opened 04/15   |                  |             |  |  |  |
|          | Number Street City State Zlp Code  | As of the date you file, the claim                           | is: Check all that apply   |                  |             |  |  |  |
|          | Who incurred the debt? Check one.  |  |  |                  |             |  |  |  |
|          | Debtor 1 only  | Contingent   |  |                  |             |  |  |  |
|          | ☐ Debtor 2 only ☐ Unliquidated   |  |  |                  |             |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only ☐ Disputed  |  |  |                  |             |  |  |  |
|          | At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:   |                  |             |  |  |  |
|          | ☐ Check if this claim is for a community   | Student loans  |  |                  |             |  |  |  |
|          | debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | , and the second | •                |             |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar de  | bts              |             |  |  |  |
|          | Yes  | Other. Specify  Collection George A                          | Attorney 1650 3rd Av   | e LIc C O        |             |  |  |  |
| 4.1<br>3 | Ford Motor Credit  Nonpriority Creditor's Name   | Last 4 digits of account number                              | 0675   |                  | \$0.00      |  |  |  |
|          | National Bankruptcy Service Center<br>Po Box 62180   | When was the debt incurred?                                  | Opened 05/08 Last 6/14/11  | Active           |             |  |  |  |
|          | Colorado Springs, CO 80962  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply   |                  |             |  |  |  |
|          | Debtor 1 only  | ☐ Contingent   |  |                  |             |  |  |  |
|          | Debtor 2 only  | ☐ Unliquidated   |  |                  |             |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |  |                  |             |  |  |  |
|          | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecure                                 | d claim:   |                  |             |  |  |  |
|          | ☐ Check if this claim is for a community   | ☐ Student loans  |  |                  |             |  |  |  |
|          | debt Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | ration agreement or divorce  | that you did not |             |  |  |  |
|          | ■ No   | Debts to pension or profit-sharing                           | g plans, and other similar de  | bts              |             |  |  |  |
|          | Yes  | Other. Specify Lease   |  |                  |             |  |  |  |
|          |  | • •  |  |                  |             |  |  |  |

| Debt | or 1 Michael J Dinapoli  |   | Case number (if know) 3:17-bk-01656                      |        |  |  |  |  |
|------|--|---|--|--------|--|--|--|--|
| .1   | Hann Fncl  | Last 4 digits of account number                                   | 1440   | \$0.00 |  |  |  |  |
|      | Nonpriority Creditor's Name Attention: Legal Department One Center Drive Jamesburg, NJ 08831 Number Street City State Zlp Code | When was the debt incurred?  As of the date you file, the claim i | Opened 10/05 Last Active 7/23/07 s: Check all that apply |        |  |  |  |  |
|      | Who incurred the debt? Check one.  |   |  |        |  |  |  |  |
|      | Debtor 1 only  | Contingent  |  |        |  |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated  |  |        |  |  |  |  |
|      | Debtor 1 and Debtor 2 only   | Disputed  |  |        |  |  |  |  |
|      | At least one of the debtors and another  | Type of NONPRIORITY unsecured  ☐ Student loans                    | d claim:   |        |  |  |  |  |
|      | ☐ Check if this claim is for a community debt Is the claim subject to offset?  |   | ration agreement or divorce that you did not             |        |  |  |  |  |
|      | ■ No   | g plans, and other similar debts                                  |  |        |  |  |  |  |
|      | Yes  | Other Specify Lease   |  |        |  |  |  |  |
| .1   | M & T Bank  Nonpriority Creditor's Name  | Last 4 digits of account number                                   | 4998   | \$0.00 |  |  |  |  |
|      | One Fountain Pl/3rd Fl<br>Buffalo, NY 14203  | When was the debt incurred?                                       | Opened 05/02 Last Active 8/11/13                         |        |  |  |  |  |
|      | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim i                              | s: Check all that apply                                  |        |  |  |  |  |
|      | ■ Debtor 1 only  | ☐ Contingent  |  |        |  |  |  |  |
|      | Debtor 2 only  | ☐ Unliquidated  |  |        |  |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |        |  |  |  |  |
|      | $\square$ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                     | I claim:   |        |  |  |  |  |
|      | Check if this claim is for a community   | ☐ Student loans   |  |        |  |  |  |  |
|      | debt Is the claim subject to offset?   | report as priority claims   | ration agreement or divorce that you did not             |        |  |  |  |  |
|      | ■ No   | Debts to pension or profit-sharin                                 |  |        |  |  |  |  |
|      | ☐ Yes  | Other. Specify Credit Line  | Secured  |        |  |  |  |  |
| .1   | M & T Bank   | Last 4 digits of account number                                   | 7174   | \$0.00 |  |  |  |  |
|      | Nonpriority Creditor's Name Po Box 844 Buffalo, NY 14240   | When was the debt incurred?                                       | Opened 10/04 Last Active 7/15/13                         |        |  |  |  |  |
|      | Number Street City State Zlp Code Who incurred the debt? Check one.  | As of the date you file, the claim i                              | s: Check all that apply                                  |        |  |  |  |  |
|      | ■ Debtor 1 only  | ☐ Contingent  |  |        |  |  |  |  |
|      | ☐ Debtor 2 only  | ☐ Unliquidated  |  |        |  |  |  |  |
|      | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed  |  |        |  |  |  |  |
|      | ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecured                                     | d claim:   |        |  |  |  |  |
|      | ☐ Check if this claim is for a community debt  |   | ration agreement or divorce that you did not             |        |  |  |  |  |
|      | Is the claim subject to offset?  | report as priority claims   | a plans, and other similar debts                         |        |  |  |  |  |
|      | ■ No   |   | profit-sharing plans, and other similar debts            |        |  |  |  |  |
|      | ☐ Yes  | ■ Other. Specify Real Estate                                      | wortgage   |        |  |  |  |  |

| Debte    | or 1 Michael J Dinapoli   |  | Case number (if know)                         | 3:17-bk-01656    |          |  |  |  |  |  |
|----------|---|--|---|------------------|----------|--|--|--|--|--|
| 4.1<br>7 | Pier 1/Comenity Bank  | Last 4 digits of account number                              | 3120  |                  | \$0.00   |  |  |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218   | When was the debt incurred?                                  | Opened 10/02 Last 6/11/03                     | Active           |          |  |  |  |  |  |
|          | Number Street City State Zlp Code Who incurred the debt? Check one.             | As of the date you file, the claim                           | is: Check all that apply                      |                  |          |  |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |                  |          |  |  |  |  |  |
|          | ☐ Debtor 2 only   | ☐ Unliquidated   |   |                  |          |  |  |  |  |  |
|          | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                  |          |  |  |  |  |  |
|          | ☐ At least one of the debtors and another                                       | Type of NONPRIORITY unsecure                                 | d claim:                                      |                  |          |  |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |                  |          |  |  |  |  |  |
|          | debt<br>Is the claim subject to offset?   | Obligations arising out of a separeport as priority claims   | aration agreement or divorce                  | that you did not |          |  |  |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing                           | ng plans, and other similar de                | ebts             |          |  |  |  |  |  |
|          | Yes   | Other. Specify Credit Card                                   | l   |                  |          |  |  |  |  |  |
| 4.1      | Solomon & Solomon P C   | Last 4 digits of account number                              | 0274  |                  | \$634.00 |  |  |  |  |  |
|          | Nonpriority Creditor's Name 5 Columbia Circle Albany, NY 12203                  | When was the debt incurred?                                  | Opened 11/14                                  |                  |          |  |  |  |  |  |
|          | Number Street City State Zlp Code   | As of the date you file, the claim                           | is: Check all that apply                      |                  |          |  |  |  |  |  |
|          | Who incurred the debt? Check one.   |  |   |                  |          |  |  |  |  |  |
|          | ■ Debtor 1 only   | ■ Debtor 1 only □ Contingent                                 |   |                  |          |  |  |  |  |  |
|          | ☐ Debtor 2 only   | ly Unliquidated  |   |                  |          |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only ☐ Disputed   |  |   |                  |          |  |  |  |  |  |
|          | ☐ At least one of the debtors and another  Type of NONPRIORITY unsecured claim: |  |   |                  |          |  |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |                  |          |  |  |  |  |  |
|          | debt<br>Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce                  | that you did not |          |  |  |  |  |  |
|          | No  | Debts to pension or profit-sharing                           | profit-sharing plans, and other similar debts |                  |          |  |  |  |  |  |
|          | ☐ Yes   | Other. Specify Collection Utilities                          | Attorney Orange And                           | l Rockland       |          |  |  |  |  |  |
| 4.1<br>9 | Wellsfargo  | Last 4 digits of account number                              | 5482  |                  | \$0.00   |  |  |  |  |  |
|          | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 9210 Des Moines, IA 50306   | When was the debt incurred?                                  | Opened 10/06 Last 5/14/09                     | Active           |          |  |  |  |  |  |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one.            | As of the date you file, the claim                           |   |                  |          |  |  |  |  |  |
|          | ■ Debtor 1 only   | ☐ Contingent   |   |                  |          |  |  |  |  |  |
|          | Debtor 2 only   | ☐ Unliquidated   |   |                  |          |  |  |  |  |  |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |                  |          |  |  |  |  |  |
|          | ☐ At least one of the debtors and another                                       | Type of NONPRIORITY unsecure                                 | d claim:                                      |                  |          |  |  |  |  |  |
|          | ☐ Check if this claim is for a community  | ☐ Student loans  |   |                  |          |  |  |  |  |  |
|          | debt  | Obligations arising out of a sepa                            | aration agreement or divorce                  | that you did not |          |  |  |  |  |  |
|          | Is the claim subject to offset?   | report as priority claims                                    |   |                  |          |  |  |  |  |  |
|          | ■ No  | Debts to pension or profit-sharing                           | ig plans, and other similar de                | ebts             |          |  |  |  |  |  |
|          | ☐ Yes   | ■ Other Specify Note Loan                                    |   |                  |          |  |  |  |  |  |

### Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

#### Debtor 1 Michael J Dinapoli

Case number (if know)

3:17-bk-01656

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Total Claim     |
|--------------|-----|---|-----|-----------------|
|              | 6a. | Domestic support obligations  | 6a. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00      |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00      |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00      |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00      |
|              |     |   |     | Total Claim     |
|              | 6f. | Student loans   | 6f. | \$<br>0.00      |
| Total claims |     |   |     |                 |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00      |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00      |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$<br>27,041.00 |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>27,041.00 |

| Fill in this inform |                         |                    |           |  |  |                                    |
|---------------------|-------------------------|--------------------|-----------|--|--|------------------------------------|
| Debtor 1            | Michael J Dinapo        | Michael J Dinapoli |           |  |  |                                    |
|                     | First Name              | Middle Name        | Last Name |  |  |                                    |
| Debtor 2            |                         |                    |           |  |  |                                    |
| (Spouse if, filing) | First Name              | Middle Name        | Last Name |  |  |                                    |
| United States Bar   | nkruptcy Court for the: | MIDDLE DISTRICT OF | FLORIDA   |  |  |                                    |
| Case number 3       | 3:17-bk-01656           |                    |           |  |  |                                    |
| (if known)          |                         |                    |           |  |  | Check if this is an amended filing |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı   | Person or | company with | whom you have th<br>, Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|---|---------------------|---|
| 2.1 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            |   |
| 2.2 | Name      |              |   |                     | _                                       |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.3 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     |   |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |
| 2.4 |           |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | _                                       |
| 2.5 | •         |              |   |                     |   |
|     | Name      |              |   |                     |   |
|     | Number    | Street       |   |                     | _                                       |
|     | City      |              | State   | ZIP Code            | <u> </u>                                |

Official Form 106G

## Case 3:17-bk-01656-PMG Doc 15 Filed 06/23/17 Page 20 of 41

|                                   |   |   |                           |   | 1   |
|-----------------------------------|---|---|---------------------------|---|---|
| Fill in this in                   | nformation to identify your                                 | case:   |                           |   |   |
| Debtor 1                          | Michael J Dinapo  | oli   |                           |   |   |
|                                   | First Name  | Middle Name   | Last Name                 |   |   |
| Debtor 2<br>(Spouse if, filing)   | ) First Name  | Middle Name   | Last Name                 |   |   |
|                                   |   | MIDDLE DISTRICT OF                                    | EL OBIDA                  |   |   |
| United State                      | s Bankruptcy Court for the:                                 | WIDDLE DISTRICT OF                                    | FLORIDA                   |   |   |
| Case number                       | er 3:17-bk-01656  |   |                           |   | _ 0, ,,,,,,   |
| (if known)                        |   |   |                           |   | Check if this is an amended filing  |
|                                   |   |   |                           |   | i amenaca ming  |
| Official                          | Form 106H   |   |                           |   |   |
| Schedu                            | ıle H: Your Cod   | ebtors  |                           |   | 12/15   |
|                                   |   |   |                           |   |   |
| people are fi<br>fill it out, and | iling together, both are equ                                | ally responsible for supple boxes on the left. Attach | olying correct informat   | ion. If more space is i                         | rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write   |
| 1. Do yo                          | ou have any codebtors? (If                                  | you are filing a joint case,                          | do not list either spouse | as a codebtor.                                  |   |
| ■ No                              |   |   |                           |   |   |
| ☐ Yes                             |   |   |                           |   |   |
| Arizona,                          | n the last 8 years, have you, California, Idaho, Louisiana  |   |                           |   | ty states and territories include<br>)  |
|                                   | Did your spouse, former spo                                 | use, or legal equivalent live                         | e with you at the time?   |   |   |
| in line 2<br>Form 10<br>out Col   | 2 again as a codebtor only i<br>06D), Schedule E/F (Officia | if that person is a guaran                            | tor or cosigner. Make     | sure you have listed t<br>16G). Use Schedule D, | ng with you. List the person shown the creditor on Schedule D (Official schedule E/F, or Schedule G to fill editor to whom you owe the debt |
|                                   | ime, Number, Street, City, State and Z                      | IP Code   |                           | Check all schedul                               |   |
| 3.1                               |   |   |                           | ☐ Schedule D, lir                               | ne  |
|                                   | ame   |   |                           | ☐ Schedule E/F,                                 |   |
|                                   |   |   |                           | ☐ Schedule G, lir                               |   |
| Nu                                | umber Street  |   |                           | _   |   |
| Ci                                | ty  | State   | ZIP Code                  |   |   |
| 3.2                               |   |   |                           | ☐ Schedule D, lir                               | ne.   |
|                                   | ame   |   |                           | _ ☐ Schedule E/F,                               |   |
|                                   |   |   |                           | ☐ Schedule G, lir                               |   |
| Nu                                | umber Street  |   |                           | _   |   |
| Ci                                | ty  | State   | ZIP Code                  |   |   |

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| Fill        | in this information to identify your ca   | ase:                       |                           |             |          |   |       |            |                      |          |
|-------------|---|----------------------------|---------------------------|-------------|----------|---|-------|------------|----------------------|----------|
| Del         | otor 1 Michael J Di   | napoli                     |                           |             | _        |   |       |            |                      |          |
|             | otor 2  |                            |                           |             | _        |   |       |            |                      |          |
| Uni         | ted States Bankruptcy Court for the   | : MIDDLE DISTRICT O        | F FLORIDA                 |             | _        |   |       |            |                      |          |
|             | 3:17-bk-01656   |                            |                           |             |          | Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date: |       |            |                      |          |
| 0           | fficial Form 106I   |                            | MM / DD/                  | YYY         | Y        |   |       |            |                      |          |
| S           | chedule I: Your Inc   | ome                        |                           |             |          |   |       |            |                      | 12/15    |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | r spouse is not filing wi  | ith you, do not includ    | de inforr   | natio    | on about your sp  | ous   | e. If mor  | re space is          | needed,  |
| 1.          | Fill in your employment information.  |                            | Debtor 1                  |             |          | Debtor  | 2 or  | non-fili   | ng spouse            |          |
|             | If you have more than one job,  | Employment status          | ■ Employed                |             |          | ☐ Emp   | loye  | d          |                      |          |
|             | attach a separate page with information about additional  | Employment status          | ☐ Not employed            |             |          | ■ Not e   | empl  | oyed       |                      |          |
|             | employers.  | Occupation                 | <b>Executive Director</b> |             |          |   |       |            |                      |          |
|             | Include part-time, seasonal, or self-employed work.   | Employer's name            | Park Avenue Se            | curities    | <b>.</b> |   |       |            |                      |          |
|             | Occupation may include student or homemaker, if it applies.   | Employer's address         |                           |             |          |   |       |            |                      |          |
|             |   | How long employed t        | here?                     |             |          |   |       |            |                      |          |
| Par         | t 2: Give Details About Mor   | nthly Income               |                           |             |          |   |       |            |                      |          |
|             | mate monthly income as of the dause unless you are separated.   | ate you file this form. If | you have nothing to re    | eport for a | any l    | ine, write \$0 in the   | e spa | ace. Incli | ude your no          | n-filing |
|             | u or your non-filing spouse have mo<br>e space, attach a separate sheet to  |                            | ombine the information    | n for all e | mplo     | oyers for that pers   | on o  | n the line | es below. If         | you need |
|             |   |                            |                           |             |          | For Debtor 1  |       | For Debt   | tor 2 or<br>g spouse |          |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,  |                            |                           | 2.          | \$       | 0.00  | . \$  | §          | 0.00                 |          |
| 3.          | Estimate and list monthly overt   | ime pay.                   |                           | 3.          | +\$      | 0.00  | . +   | -\$        | 0.00                 |          |
| 4           | Calculate gross Income. Add lin   | ne 2 + line 3              |                           | 4           | \$       | 0.00  | 1 [   | \$         | 0.00                 |          |

Official Form 106I Schedule I: Your Income page 1

| Deb | tor 1              | Michael J Dinapoli  | _        | (   | Case i      | number (if | known) | 3:17       | -bk-010              | 556         |                 |
|-----|--------------------|---|----------|-----|-------------|------------|--------|------------|----------------------|-------------|-----------------|
|     | Cor                | by line 4 here  | 4.       |     | For<br>\$   | Debtor 1   | 0.00   |            | Debtor<br>n-filing s |             |                 |
|     |                    |   | 4.       |     | Ψ           |            | 0.00   | Ψ_         |                      | 0.00        | -               |
| 5.  | List               | t all payroll deductions:   |          |     |             |            |        |            |                      |             |                 |
|     | 5a.                | Tax, Medicare, and Social Security deductions   | 58       |     | \$          |            | 0.00   | \$_        |                      | 0.00        | _               |
|     | 5b.<br>5c.         | Mandatory contributions for retirement plans Voluntary contributions for retirement plans   | 5b<br>5c |     | \$<br>\$    |            | 0.00   | \$_<br>\$  |                      | 0.00        | _               |
|     | 5d.                | Required repayments of retirement fund loans  | 50       |     | \$<br>_     |            | 0.00   | - \$<br>-  |                      | 0.00        | _               |
|     | 5e.                | Insurance   | 5e       |     | <b>\$</b> — |            | 0.00   | \$_        |                      | 0.00        | _               |
|     | 5f.                | Domestic support obligations  | 5f       |     | \$          |            | 0.00   | \$_        |                      | 0.00        | _               |
|     | 5g.                | Union dues  | 50       | g.  | \$          |            | 0.00   | \$         |                      | 0.00        | =               |
|     | 5h.                | Other deductions. Specify:  | _ 5h     | Դ.+ | \$          |            | 0.00   | + \$       |                      | 0.00        | -               |
| 6.  | Add                | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       |     | \$          |            | 0.00   | \$         |                      | 0.00        | _               |
| 7.  | Cal                | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.       |     | \$          |            | 0.00   | \$         |                      | 0.00        | =               |
| 8.  | List<br>8a.        | t all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 9.       |     | \$          | 1.00       | 38.11  | \$         |                      | 0.00        |                 |
|     | 8b.                | Interest and dividends  | 8a<br>8b |     | \$<br>_     | 1,90       | 0.00   | \$<br>_    |                      | 0.00        | _               |
|     | 8c.                | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |          |     | Ψ           |            | 0.00   | <b>~</b> _ |                      | 0.00        | -               |
|     |                    | settlement, and property settlement.  | 80       |     | \$          |            | 0.00   | \$_        |                      | 0.00        | _               |
|     | 8d.                | . ,   | 80       |     | \$          |            | 0.00   | \$_        |                      | 0.00        | _               |
|     | 8e.<br>8f.         | Social Security Other government assistance that you regularly receive  | 8€       | €.  | \$          |            | 0.00   | \$         |                      | 0.00        | _               |
|     | OI.                | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  | 9<br>8f  |     | \$          |            | 0.00   | \$         |                      | 0.00        |                 |
|     | 8g.                | Pension or retirement income  | 8g       | g.  | \$          |            | 0.00   | \$         |                      | 0.00        | -               |
|     | 8h.                | Other monthly income. Specify:  | _ 8h     | Դ.+ | \$          |            | 0.00   | + \$       |                      | 0.00        | -               |
| 9.  | Add                | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$  | §           | 1,98       | 38.11  | \$_        |                      | 0.0         | 0               |
| 10  | Cal                | culate monthly income. Add line 7 + line 9.   | 10.      | \$  |             | 1,988.11   | + \$   |            | 0.00                 | = \$        | 1,988.11        |
| 10. |                    | If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10.      | Ψ_  |             | 1,900.11   | +   \$ |            | 0.00                 | - φ —       | 1,900.11        |
| 11. | Incl<br>othe<br>Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not accify:        | depe     |     | ,           |            |        | •          |                      | ∍ J.<br>+\$ | 0.00            |
| 12. |                    | d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certailies  |          |     |             |            |        |            | 12.                  | \$          | 1,988.11        |
| 13. | Do                 | you expect an increase or decrease within the year after you file this form   | ?        |     |             |            |        |            |                      | Combi       | ned<br>y income |
|     |                    | No.   |          |     |             |            |        |            |                      |             |                 |

Official Form 106I Schedule I: Your Income page 2

| Fill              | in this inform                                | ation to identify yo                                     | our case:                               |   |  |             |                   |                               |
|-------------------|---|--|---|---|--|-------------|-------------------|-------------------------------|
| Deb               | otor 1  | Michael J Di   | inapoli                                 |   |  | Ch          | eck if this is:   |                               |
| Deh               | otor 2  |  |   |   |  |             | An amended filing | wing postpetition chapter     |
|                   | ouse, if filing)                              |  |   |   |  |             |                   | the following date:           |
| Unit              | ed States Ban                                 | kruptcy Court for the                                    | e: MIDDLE                               | E DISTRICT OF FLORIDA                                       |  |             | MM / DD / YYYY    |                               |
| Cas               | e number 3                                    | 3:17-bk-01656  |   |   |  |             |                   |                               |
|                   | nown)   | ,,,,, pr. 01000  |   |   |  |             |                   |                               |
| O                 | fficial F                                     | orm 106J   |   |   |  | 1           |                   |                               |
|                   |   | e J: Your  | Fynar                                   | 202   |  |             |                   | 12/1                          |
| Be<br>info<br>nur | as complete<br>ormation. If<br>mber (if known | e and accurate as<br>more space is ne<br>wn). Answer eve | s possible.<br>eded, atta<br>ry questio | If two married people are<br>ch another sheet to this t     |  |             |                   | or supplying correct          |
| Par<br>1.         | t 1: Dese<br>Is this a jo                     | cribe Your House<br>int case?                            | ehold                                   |   |  |             |                   |                               |
|                   | ■ No. Go                                      |  | in a senar                              | ate household?  |  |             |                   |                               |
|                   |   |  | iii a sepaii                            | ate nousenoid:  |  |             |                   |                               |
|                   |   |  | st file Offici                          | al Form 106J-2, <i>Expenses</i>                             | for Separate House                     | ehold of De | ebtor 2.          |                               |
| 2.                | Do you ha                                     | ve dependents?   | ■ No                                    |   |  |             |                   |                               |
|                   | Do not list<br>Debtor 2.                      | Debtor 1 and   | ☐ Yes.                                  | Fill out this information for each dependent                | Dependent's relat<br>Debtor 1 or Debto |             | Dependent's age   | Does dependent live with you? |
|                   | Do not stat                                   | e the  |   |   |  |             |                   | □ No                          |
|                   | dependent                                     |  |   |   |  |             |                   | ☐ Yes                         |
|                   |   |  |   |   |  |             |                   | □ No                          |
|                   |   |  |   |   |  |             | <del></del>       | ☐ Yes<br>☐ No                 |
|                   |   |  |   |   |  |             |                   | □ Yes                         |
|                   |   |  |   |   |  |             |                   | □ No                          |
| _                 | _   |  |   |   |  |             | <u> </u>          | ☐ Yes                         |
| 3.                |   | openses include<br>of people other t                     | han _                                   | No  |  |             |                   |                               |
|                   |   | nd your depende  |   | Yes   |  |             |                   |                               |
| Par               | t 2: Esti                                     | mate Your Ongoi  | ina Monthl                              | v Expenses  |  |             |                   |                               |
| Est               | imate your                                    | expenses as of y a date after the                        | our bankrı                              | uptcy filing date unless y<br>y is filed. If this is a supp |  |             |                   |                               |
|                   |   |  |   | government assistance if                                    |  |             |                   |                               |
|                   | ficial Form 1                                 |  | iu nave mi                              | idaea it on <i>Schedule I. T</i>                            | our income                             |             | Your exp          | enses                         |
| 4.                |   | or home owners<br>and any rent for th                    |   | ses for your residence. In<br>r lot.                        | nclude first mortgag                   | e<br>4.     | \$                | 0.00                          |
|                   | If not inclu                                  | ided in line 4:  |   |   |  |             |                   |                               |
|                   |   | estate taxes   |   |   |  | 4a.         | ·                 | 0.00                          |
|                   |   | erty, homeowner'   |   |   |  | 4b.         | · ———             | 0.00                          |
|                   |   | e maintenance, re<br>eowner's associa                    |   |   |  | 4c.<br>4d.  | ·                 | 100.00<br>41.67               |
| 5.                |   |  |   | our residence, such as ho                                   | me equity loans                        | 4u.<br>5.   |                   | 0.00                          |

| Deb | tor 1       | Michael J Dinapoli   | Case num    | ber (if known) | 3:17-bk-01656                 |
|-----|-------------|--|-------------|----------------|-------------------------------|
| 6.  | Utilit      | ies:   |             |                |                               |
|     | 6a.         | Electricity, heat, natural gas   | 6a.         | \$             | 400.00                        |
|     | 6b.         | Water, sewer, garbage collection   | 6b.         | \$             | 20.00                         |
|     | 6c.         | Telephone, cell phone, Internet, satellite, and cable services   | 6c.         | \$             | 550.00                        |
|     | 6d.         | Other. Specify:  | 6d.         | \$             | 0.00                          |
| 7.  | Food        | l and housekeeping supplies  |             | \$             | 1,000.00                      |
| 8.  | Child       | dcare and children's education costs   | 8.          | \$             | 160.00                        |
| 9.  | Cloth       | ning, laundry, and dry cleaning  | 9.          | \$             | 120.00                        |
| 10. | Pers        | onal care products and services  | 10.         | \$             | 150.00                        |
| 11. | Medi        | cal and dental expenses  | 11.         | \$             | 120.00                        |
| 12. | Tran        | sportation. Include gas, maintenance, bus or train fare.   |             |                | <del></del>                   |
|     | Do n        | ot include car payments.   | 12.         | \$             | 300.00                        |
| 13. | Ente        | rtainment, clubs, recreation, newspapers, magazines, and books   | 13.         | \$             | 100.00                        |
| 14. | Char        | itable contributions and religious donations   | 14.         | \$             | 50.00                         |
| 15. | Insu        | rance.   |             |                |                               |
|     | Do n        | ot include insurance deducted from your pay or included in lines 4 or 20.  |             |                |                               |
|     | 15a.        | Life insurance   | 15a.        | \$             | 0.00                          |
|     | 15b.        | Health insurance   | 15b.        | \$             | 180.00                        |
|     | 15c.        | Vehicle insurance  | 15c.        | \$             | 400.00                        |
|     | 15d.        | Other insurance. Specify:  | 15d.        | \$             | 0.00                          |
| 16. |             | s. Do not include taxes deducted from your pay or included in lines 4 or 20.   |             |                |                               |
|     | Spec        |  | 16.         | \$             | 0.00                          |
| 17. | Insta       | Illment or lease payments:   |             |                |                               |
|     | 17a.        | Car payments for Vehicle 1   | 17a.        | \$             | 0.00                          |
|     | 17b.        | Car payments for Vehicle 2   | 17b.        | \$             | 0.00                          |
|     | 17c.        | Other. Specify:  | 17c.        | \$             | 0.00                          |
|     |             | Other. Specify:  | 17d.        | \$             | 0.00                          |
| 18. | Your        | payments of alimony, maintenance, and support that you did not report as   | <del></del> |                |                               |
|     |             | icted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.         | \$             | 0.00                          |
| 19. | Othe        | r payments you make to support others who do not live with you.  |             | \$             | 0.00                          |
|     | Spec        | ify:   | 19.         |                |                               |
| 20. |             | r real property expenses not included in lines 4 or 5 of this form or on Sche  |             |                |                               |
|     | 20a.        | Mortgages on other property  | 20a.        | \$             | 0.00                          |
|     | 20b.        | Real estate taxes  | 20b.        | \$             | 0.00                          |
|     | 20c.        | Property, homeowner's, or renter's insurance   | 20c.        | \$             | 0.00                          |
|     | 20d.        | Maintenance, repair, and upkeep expenses   | 20d.        | \$             | 0.00                          |
|     | 20e.        | Homeowner's association or condominium dues  | 20e.        | \$             | 0.00                          |
| 21. | Othe        | r: Specify:  | 21.         | +\$            | 0.00                          |
|     |             |  |             |                |                               |
| 22. |             | ulate your monthly expenses  |             |                |                               |
|     |             | Add lines 4 through 21.  |             | \$             | 3,691.67                      |
|     | 22b.        | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2  |             | \$             |                               |
|     | 22c.        | Add line 22a and 22b. The result is your monthly expenses.   |             | \$             | 3,691.67                      |
| 00  | 0-1-        | olede commentation and because   |             | _              | ·                             |
| ∠3. |             | ulate your monthly net income.   | 00*         | ¢.             | 4 000 44                      |
|     |             | Copy line 12 (your combined monthly income) from Schedule I.   | 23a.        |                | 1,988.11                      |
|     | 23b.        | Copy your monthly expenses from line 22c above.  | 23b.        | -\$            | 3,691.67                      |
|     | 00 -        | Out the state of t |             |                |                               |
|     | 23c.        | Subtract your monthly expenses from your monthly income.   | 23c.        | \$             | -1,703.56                     |
|     |             | The result is your monthly net income.   | 200.        | *              | -,                            |
| 24. | For exmodif | ou expect an increase or decrease in your expenses within the year after you cample, do you expect to finish paying for your car loan within the year or do you expect you ication to the terms of your mortgage?  |             |                | ease or decrease because of a |
|     | ■ N         |  |             |                |                               |
|     | □ Ye        | es. Explain here:  |             |                |                               |

| Fill in this in                 | formation to identify your  | case:                    |             |                        |                |   |       |
|---------------------------------|---|--------------------------|-------------|------------------------|----------------|---|-------|
| Debtor 1                        | Michael J Dinapo  |                          |             |                        |                |   |       |
|                                 | First Name  | Middle Name              | Last        | Name                   |                |   |       |
| Debtor 2<br>(Spouse if, filing) | First Name  | Middle Name              | Last        | Name                   |                |   |       |
| United States                   | Bankruptcy Court for the:   | MIDDLE DISTRICT OF       | FLORIDA     |                        |                |   |       |
| Case number                     | 3:17-bk-01656   |                          |             |                        |                |   |       |
| (if known)                      |   |                          |             |                        |                | Check if this is amended filing                             |       |
| Declar                          | orm 106Dec ation About a  |                          |             |                        |                |   | 12/15 |
| obtaining mo<br>years, or both  | this form whenever you finey or property by fraud in 1.8 U.S.C. §§ 152, 1341, 1 | n connection with a bank |             |                        |                |   |       |
|                                 | pay or agree to pay some  | one who is NOT an attor  | ney to help | you fill out bankrupt  | cy forms?      |   |       |
| ■ No                            |   |                          |             |                        |                |   |       |
| ☐ Yes                           | s. Name of person   |                          |             |                        |                | kruptcy Petition Preparer's<br>n, and Signature (Official F |       |
|                                 | enalty of perjury, I declare<br>vare true and correct.                          | that I have read the sum | mary and so | chedules filed with th | nis declaratio | on and  |       |
| X /s/ N                         | Michael J Dinapoli  |                          | Х           |                        |                |   |       |
| Micl                            | hael J Dinapoli<br>ature of Debtor 1  |                          |             | Signature of Debtor 2  |                |   |       |
| Date                            | June 23, 2017   |                          |             | Date                   |                |   |       |
|                                 |   |                          |             |                        |                |   |       |

| Fill    | in this info     | rmation to identify you                     | r case:  |   |  |                                    |
|---------|------------------|---|--|---|--|------------------------------------|
| Deb     | tor 1            | Michael J Dinap                             |  | Last Name                               |  |                                    |
| Deb     | tor 2            | First Name                                  | Middle Name  | Last Name                               |  |                                    |
|         | use if, filing)  | First Name                                  | Middle Name  | Last Name                               |  |                                    |
| Unit    | ed States B      | ankruptcy Court for the:                    | MIDDLE DISTRICT OF F   | LORIDA                                  |  |                                    |
| Cas     | e number         | 3:17-bk-01656                               |  |   |  |                                    |
| (if kno |                  |   |  |   | _  | heck if this is an mended filing   |
|         |                  |   |  |   |  |                                    |
|         |                  | orm 107                                     | Affaina fan Indiai   | luala Filima fan D                      |  |                                    |
| Sta     | itemen           | t of Financial                              | Affairs for Individ  | duals Filling for B                     | ankruptcy  | 4/16                               |
|         |                  |   |  |   | equally responsible for sup<br>or additional pages, write you  |                                    |
| numl    | ber (if knov     | wn). Answer every que                       | stion.   |   |  |                                    |
| Part    | 1: Give          | Details About Your Ma                       | rital Status and Where You   | Lived Before                            |  |                                    |
| 1.      | What is yo       | ur current marital statu                    | ıs?  |   |  |                                    |
|         | ■ Marrie         |   |  |   |  |                                    |
| 2.      | During the       | last 3 years, have you                      | lived anywhere other than  | where you live now?                     |  |                                    |
|         | _                | ,,  | •  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |                                    |
|         | ■ No<br>□ Yes. L | ist all of the places you l                 | ived in the last 3 years. Do no  | ot include where you live now           | 4  |                                    |
|         | Debtor 1 F       | Prior Address:                              | Dates Debtor 1<br>lived there  | Debtor 2 Prior Ad                       | dress:   | Dates Debtor 2<br>lived there      |
|         |                  |   |  |   | ity property state or territory<br>co, Texas, Washington and W |                                    |
|         | ■ No             |   |  |   |  |                                    |
|         | _                | Make sure you fill out Sch                  | nedule H: Your Codebtors (Of   | fficial Form 106H).                     |  |                                    |
|         |                  | ·   | ·  | ,                                       |  |                                    |
| Part    | Expl             | ain the Sources of You                      | r Income   |   |  |                                    |
|         | Fill in the to   | otal amount of income yo                    | nployment or from operatin<br>u received from all jobs and a<br>have income that you receive | all businesses, including part-         |  | ndar years?                        |
|         | □ No             |   |  |   |  |                                    |
|         | _                | ill in the details.                         |  |   |  |                                    |
|         |                  |   | Debtor 1   |   | Debtor 2   |                                    |
|         |                  |   | Sources of income  | Gross income                            | Sources of income  | Gross income                       |
|         |                  |   | Check all that apply.  | (before deductions and exclusions)      | Check all that apply.  | (before deductions and exclusions) |
|         |                  | 1 of current year until led for bankruptcy: | ■ Wages, commissions, bonuses, tips  | \$0.00                                  | ☐ Wages, commissions, bonuses, tips                            |                                    |
|         |                  |   | ☐ Operating a business   |   | ☐ Operating a business   |                                    |

Official Form 107

| De | ptor 1 MI                   | cnael J Di                               | napoli  |  | Cas  | e number (if known)   | 3:17-bK-0                        | 1656  |
|----|-----------------------------|--|---|--|--|---|----------------------------------|---|
|    |                             |  |   |  |  |   |                                  |   |
|    |                             |  |   | Debtor 1   |  | Debtor 2  |                                  |   |
|    |                             |  |   | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)  | Sources of inc<br>Check all that a                                |                                  | Gross income<br>(before deductions<br>and exclusions) |
|    | r last calen<br>anuary 1 to | dar year:<br>December                    | 31, 2016 )  | ■ Wages, commissions, bonuses, tips  | \$0.00   | ☐ Wages, com<br>bonuses, tips                                     | missions,                        |   |
|    |                             |  |   | ☐ Operating a business   |  | ☐ Operating a   | business                         |   |
|    |                             | dar year be<br>December                  |   | ■ Wages, commissions, bonuses, tips  | \$58,742.00  | ☐ Wages, com<br>bonuses, tips                                     | missions,                        |   |
|    |                             |  |   | ☐ Operating a business   |  | ☐ Operating a   | business                         |   |
|    | winnings.  List each s      | If you are fili                          | ng a joint cas  | pensions; rental income; inter<br>se and you have income that y<br>ome from each source separat  | ou received together, list it o  | only once under De  | ebtor 1.                         |   |
|    |                             |  |   | Debtor 1   |  | Debtor 2  |                                  |   |
|    |                             |  |   | Sources of income Describe below.  | Gross income from each source (before deductions and exclusions)   | Sources of inc<br>Describe below                                  |                                  | Gross income<br>(before deductions<br>and exclusions) |
| Pa | rt 3: List                  | t Certain Pa                             | yments You  | Made Before You Filed for I  | ,  |   |                                  |   |
| 6. | □ No.                       | Neither De individual puring the No. Yes | ebtor 1 nor E<br>primarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cr<br>not include<br>to adjustmen | ebtor 2 has primarily consumer personal, family, or household personal, family, or beach creditor to whom you paid peditor. Do not include payment payments to an attorney for the ton 4/01/19 and every 3 years or both have primarily consumers. | mer debts. Consumer debted purpose."  d you pay any creditor a total d a total of \$6,425* or more its for domestic support obligations bankruptcy case. | I of \$6,425* or moin<br>n one or more pay<br>nations, such as ch | re?<br>ments and thild support a | ne total amount you<br>nd alimony. Also, do           |
|    |                             | During the  ■ No. □ Yes                  | Go to line 7 List below e include pay   | ore you filed for bankruptcy, did<br>beach creditor to whom you paid<br>ments for domestic support of<br>this bankruptcy case.   | d a total of \$600 or more and   | the total amount  | you paid that                    |   |
|    | Creditor'                   | 's Name and                              | d Address   | Dates of payme   | nt Total amount paid   | Amount you still owe  | Was this p                       | payment for   |
|    |                             |  |   |  | -  |   |                                  |   |

Case number (if known) 3:17-bk-01656

| 7.  | Within 1 year before you filed for bankrupto <i>Insiders</i> include your relatives; any general par of which you are an officer, director, person in a business you operate as a sole proprietor. 17 alimony. | rtners; relatives of any gene<br>control, or owner of 20% or | eral partners; partner more of their voting | ships of which yo securities; and ar | u are a general p<br>ny managing age | eartner; corporations |
|-----|--|--|---|--------------------------------------|--------------------------------------|-----------------------|
|     | No   |  |   |                                      |                                      |                       |
|     | ☐ Yes. List all payments to an insider.  |  |   |                                      |                                      |                       |
|     | Insider's Name and Address   | Dates of payment   | Total amount paid                           | Amount you<br>still owe              | Reason for th                        | is payment            |
| 8.  | Within 1 year before you filed for bankrupto insider? Include payments on debts guaranteed or cosi   |  | ments or transfer ar                        | ny property on a                     | ecount of a deb                      | t that benefited an   |
|     | No   | gried by an insider.   |   |                                      |                                      |                       |
|     | ☐ Yes. List all payments to an insider   |  |   |                                      |                                      |                       |
|     | Insider's Name and Address   | Dates of payment   | Total amount paid                           | Amount you still owe                 | Reason for th<br>Include credito     |                       |
| Pa  | tt 4: Identify Legal Actions, Repossession   | s, and Foreclosures  |   |                                      |                                      |                       |
| 9.  | Within 1 year before you filed for bankrupto<br>List all such matters, including personal injury<br>modifications, and contract disputes.  |  |   |                                      |                                      |                       |
|     | □ No   |  |   |                                      |                                      |                       |
|     | Yes. Fill in the details.  |  |   |                                      |                                      |                       |
|     | Case title Case number   | Nature of the case   | Court or agency                             |                                      | Status of the                        | case                  |
|     | Micahael Dinapoli v. UBS   | Wrongful<br>Termination -<br>Arbitration                     | New York State<br>Court                     | Supreme                              | ■ Pending □ On appeal □ Concluded    |                       |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  ■ No. Go to line 11.  □ Yes. Fill in the information below.   |  | rty repossessed, fo                         | reclosed, garnis                     | hed, attached, s                     | seized, or levied?    |
|     | Creditor Name and Address  | Describe the Property  |   | Date                                 |                                      | Value of the          |
|     |  | Explain what happened  |   |                                      |                                      | property              |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment beca  ■ No □ Yes. Fill in the details.  |  | uding a bank or fina                        | ancial institution                   | , set off any am                     | ounts from your       |
|     | Creditor Name and Address  | Describe the action the                                      | creditor took                               | Date taken                           | action was                           | Amount                |
| 12. | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at  ■ No □ Yes  |  | rty in the possessio                        |                                      |                                      | of creditors, a       |

Debtor 1 Michael J Dinapoli

| Deb | otor 1                       | Michael J Dinapoli  | Case number  | (if known) 3:17-bk-01             | 1656                    |
|-----|------------------------------|---|--|-----------------------------------|-------------------------|
|     |                              |   |  |                                   |                         |
| Par | t 5:                         | List Certain Gifts and Contributions  |  |                                   |                         |
| 13. |                              | in <b>2 years before you filed for bankrupt</b><br>No<br>Yes. Fill in the details for each gift.                            | cy, did you give any gifts with a total value of more t  | han \$600 per person'             | ?                       |
|     | Gifts                        | s with a total value of more than \$600 person  | Describe the gifts   | Dates you gave the gifts          | Value                   |
|     |                              | on to Whom You Gave the Gift and ress:  |  |                                   |                         |
| 14. | <b>I</b>                     | No .  | cy, did you give any gifts or contributions with a tota  | l value of more than              | \$600 to any charity?   |
|     |                              | Yes. Fill in the details for each gift or conti   | ribution.  |                                   |                         |
|     | more<br>Char                 | s or contributions to charities that tota<br>e than \$600<br>rity's Name<br>ress (Number, Street, City, State and ZIP Code) | I Describe what you contributed  | Dates you contributed             | Value                   |
| Par | t 6:                         | List Certain Losses   |  |                                   |                         |
| 15. | or ga                        | mbling?  No Yes. Fill in the details.   | y or since you filed for bankruptcy, did you lose anyt   | iig Scoudse of tile.              | i, ino, other disuster, |
|     |                              | the loss occurred Inc   | scribe any insurance coverage for the loss clude the amount that insurance has paid. List pending surance claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property lost  |
| Par | t 7:                         | List Certain Payments or Transfers  |  |                                   |                         |
| 16. |                              | ulted about seeking bankruptcy or pre   | y, did you or anyone else acting on your behalf pay oparing a bankruptcy petition? arers, or credit counseling agencies for services required          |                                   | rty to anyone you       |
|     | Addr<br>Ema                  | on Who Was Paid<br>ress<br>ill or website address<br>on Who Made the Payment, if Not You                                    | Description and value of any property transferred  | Date payment or transfer was made | Amount of payment       |
|     | Just<br>1017<br>Suit<br>Jack | tin McMurray, P.A<br>75 Fortune Parkway<br>te 603<br>ksonville, FL 32256<br>murray@survivingyourmortgage.c                  | Attorney Fees  |                                   | \$2,500.00              |
|     | Sag                          | e Credit Counseling   |  |                                   | \$25.95                 |

Debtor 1 Michael J Dinapoli

Case number (if known) 3:17-bk-01656

| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you  | ors or to make payments  |                              |                 | or transfer any proper                                | ty to anyone who                              |
|-----|---|--|------------------------------|-----------------|---|---|
|     | ☐ Yes. Fill in the details.   |  |                              |                 |   |   |
|     | Person Who Was Paid<br>Address  | Description and value transferred  | alue of any prop             | erty            | Date payment<br>or transfer was<br>made               | Amount of payment                             |
| 18. | Within 2 years before you filed for bankrupt transferred in the ordinary course of your b Include both outright transfers and transfers mainclude gifts and transfers that you have alread No | usiness or financial affa<br>ade as security (such as                    | airs?<br>the granting of a s |                 |   |   |
|     | Yes. Fill in the details.   |  |                              |                 |   |   |
|     | Person Who Received Transfer Address  | Description and v  |                              |                 | any property or<br>received or debts<br>change        | Date transfer was made                        |
|     | Person's relationship to you  |  |                              |                 |   |   |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro ■ No □ Yes. Fill in the details.  | otcy, did you transfer an<br>otection devices.)                          | y property to a s            | elf-settled tru | ust or similar device o                               | of which you are a                            |
|     | Name of trust   | Description and v  | value of the prop            | orty transfor   | ad  | Date Transfer was                             |
|     | Name of trust   | Description and V  | alue of the prop             | erty transiem   | eu  | made  |
| Par | List of Certain Financial Accounts, Ins   | struments, Safe Deposi   | t Boxes, and Sto             | rage Units      |   |   |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, chouses, pension funds, cooperatives, associated No                        | or other financial accou   | nts; certificates o          | of deposit; sh  |   |   |
|     | Yes. Fill in the details.   |  |                              |                 |   |   |
|     | Name of Financial Institution and   | Loot 4 digits of   | Type of accoun               | stor Do         | to account was  | Last balance                                  |
|     | Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number  | Type of accour instrument    | clo<br>mo       | te account was<br>osed, sold,<br>oved, or<br>nsferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 yearsh, or other valuables?   | year before you filed for  | bankruptcy, any              | / safe deposi   | t box or other deposi                                 | tory for securities,                          |
|     | ■ No  |  |                              |                 |   |   |
|     | Yes. Fill in the details.   |  |                              |                 |   |   |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                              | Describe the    | contents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit of   | or place other than your   | home within 1 y              | ear before yo   | ou filed for bankruptc                                | y?  |
|     | ■ No □ Yes. Fill in the details.  |  |                              |                 |   |   |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or I<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                              | Describe the    | contents  | Do you still have it?                         |
|     |   |  |                              |                 |   |   |

Debtor 1 Michael J Dinapoli Case number (if known) 3:17-bk-01656 Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Status of the Case Title Court or agency Nature of the case Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership

Official Form 107

☐ An officer, director, or managing executive of a corporation

☐ An owner of at least 5% of the voting or equity securities of a corporation

| Der                 | otor 1 Michael J Dinapoli  | Ca  | se number (if known) 3:17-bk-01656  |
|---------------------|--|---|---|
|                     | ■ No. None of the above applies. Go to   | Part 12.  |   |
|                     | Yes. Check all that apply above and fi   | II in the details below for each business.                            |   |
|                     | Business Name<br>Address<br>(Number, Street, City, State and ZIP Code)   | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.  Dates business existed             |
|                     | M Dinapoli LLC   | Farm that currently has no  | EIN:  |
|                     |  | holdings other than residence   | From-To   |
| 28.                 | Within 2 years before you filed for bankrup institutions, creditors, or other parties.  No Yes. Fill in the details below. | otcy, did you give a financial statement to a                         | nyone about your business? Include all financial  |
|                     | Name<br>Address<br>(Number, Street, City, State and ZIP Code)  | Date Issued   |   |
| Par                 | t 12: Sign Below   |   |   |
| are to with 18 U    | rue and correct. I understand that making a  |   | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. |
| Dat                 | e _June 23, 2017   | Date  |   |
| Did :<br>■ N<br>□ Y | lo   | ent of Financial Affairs for Individuals Filin                        | g for Bankruptcy (Official Form 107)?   |
| ■ N                 | lo   | ot an attorney to help you fill out bankruptcy                        |   |
|                     |  |   |   |

| Fill in this inforr             | nation to identify your case:                        |
|---------------------------------|--|
| Debtor 1                        | Michael J Dinapoli                                   |
| Debtor 2<br>(Spouse, if filing) |  |
| United States E                 | Bankruptcy Court for the: Middle District of Florida |
| Case number (if known)          | 3:17-bk-01656  |

| Check | as directed in lines 17 and 21:   |
|-------|---|
|       | ording to the calculations required by this tement:                                   |
|       | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).                  |
|       | <ol> <li>Disposable income is determined under 11<br/>U.S.C. § 1325(b)(3).</li> </ol> |
|       | 3. The commitment period is 3 years.  |
|       | 4. The commitment period is 5 years.  |

☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - □ Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

|  |                           |                                       |                            |                                | Colum<br><b>Debto</b> |          | Column<br>Debtor<br>non-fili |      |
|--|---------------------------|---------------------------------------|----------------------------|--------------------------------|-----------------------|----------|------------------------------|------|
| <ol><li>Your gross wages, salary, tips, bonuses, ove<br/>payroll deductions).</li></ol>  | rtime                     | , and comm                            | issions (b                 | efore all                      | \$                    | 0.00     | \$                           | 0.00 |
| <ol> <li>Alimony and maintenance payments. Do not in<br/>Column B is filled in.</li> </ol>   | nclude                    | e payments                            | from a spo                 | use if                         | \$                    | 0.00     | \$                           | 0.00 |
| 4. All amounts from any source which are regul<br>of you or your dependents, including child su<br>from an unmarried partner, members of your hou<br>and roommates. Include regular contributions fro<br>filled in. Do not include payments you listed on line | uppor<br>usehol<br>om a s | <b>t.</b> Include red<br>d, your depe | gular contr<br>endents, pa | butions<br>arents,<br>B is not | \$                    | 0.00     | \$                           | 0.00 |
| 5. Net income from operating a business, profession, or farm   |                           | Debtor 1                              |                            |                                |                       |          |                              |      |
| Gross receipts (before all deductions)   | \$                        |                                       | 1,988.11                   |                                |                       |          |                              |      |
| Ordinary and necessary operating expenses  | -\$                       |                                       | 0.00                       |                                |                       |          |                              |      |
| Net monthly income from a business, profession, or farm  | \$                        |                                       | 1,988.11                   | Copy<br>here -> 9              | \$                    | 1,988.11 | \$                           | 0.00 |
| 6. Net income from rental and other real propert   | ty                        | Debtor 1                              |                            |                                |                       |          |                              |      |
| Gross receipts (before all deductions)   |                           | \$0                                   | .00                        |                                |                       |          |                              |      |
| Ordinary and necessary operating expenses  |                           | -\$ 0                                 | .00                        |                                |                       |          |                              |      |
| Net monthly income from rental or other real pro   | pertv                     | \$ 0                                  | .00 Cop                    | / here -> :                    | \$                    | 0.00     | \$                           | 0.00 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (*if known*) **3:17-bk-01656** 

|                        |  |  |   | Column A Debtor 1                               |  | Column E Debtor 2 non-filing                                  | or  |                                   |
|------------------------|--|--|---|---|--|---|---|-----------------------------------|
| 7. <b>I</b>            | nterest, dividends, and royalties  |  |   | \$  | 0.00                                   | \$  | 0.00                                      |                                   |
| 8. <b>l</b>            | Jnemployment compensation  |  |   | \$  | 0.00                                   | \$  | 0.00                                      |                                   |
|                        | Oo not enter the amount if you contend the Social Security Act. Instead, list it he  | re:  |   | r   |  |   |   |                                   |
|                        | For you  | <br>\$   | 0.00  |   |  |   |   |                                   |
|                        | For your spouse  Pension or retirement income. Do not benefit under the Social Security Act.   |  | 0.00<br>eived that was a  | \$  | 0.00                                   | \$  | 0.00                                      |                                   |
| 10. <b>I</b><br>r<br>r | ncome from all other sources not list<br>Do not include any benefits received und<br>eceived as a victim of a war crime, a cri<br>domestic terrorism. If necessary, list othe<br>otal below.   | der the Social Security Adme against humanity, or  | ct or payments international or   | *   |  | <b>,</b>  |   |                                   |
|                        |  |  |   | \$  | 0.00                                   | \$  | 0.00                                      |                                   |
|                        |  |  |   | \$  | 0.00                                   | \$  | 0.00                                      |                                   |
|                        | Total amounts from separate pa   | ages, if any.  | +   | \$  | 0.00                                   | \$  | 0.00                                      |                                   |
|                        | Calculate your total average monthly each column. Then add the total for Column  |  |   | 1,988.11  | + \$_                                  | 0.00  |   | 1,988.11 atal average             |
| Part 2                 | Determine How to Measure You   | ur Deductions from Inc   | ome   |   |  |   | mo  | enthly income                     |
| 12. (                  | Copy your total average monthly inco   | me from line 11.   |   |   |  |   | •   | 4 000 44                          |
| _                      | Calculate the marital adjustment. Che  | ck one:  |   |   |  |   | \$  | 1,988.11                          |
|                        | Calculate the marital adjustment. Che  | ck one:  |   |   |  |   | \$  | 1,988.11                          |
|                        | Calculate the marital adjustment. Che  You are not married. Fill in 0 below.  You are married and your spouse is   | ck one:<br>s filing with you. Fill in 0 b  |   |   |  |   | \$  | 1,988.11                          |
|                        | Calculate the marital adjustment. Che  You are not married. Fill in 0 below.   | ck one: . s filing with you. Fill in 0 to some the source of the source  | pelow.<br>that was NOT regula   | arly paid for                                   | the house                              | hold expense  | es of you o                               | r your                            |
|                        | <ul> <li>Calculate the marital adjustment. Che</li> <li>☐ You are not married. Fill in 0 below.</li> <li>☐ You are married and your spouse is</li> <li>☐ You are married and your spouse is</li> <li>Fill in the amount of the income lister</li> </ul>  | ck one: . s filing with you. Fill in 0 to the series of th | pelow.<br>that was NOT regula<br>the spouse's suppo   | arly paid for<br>ort of someo                   | the house<br>ne other th               | hold expense<br>nan you or yo                                 | es of you o<br>ur depend                  | r your<br>ents.                   |
|                        | You are married and your spouse is You are married and your spouse is You are married and your spouse is Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding the property of the specific that the specifi | ck one: . s filing with you. Fill in 0 to some some some some some some some som   | pelow.<br>that was NOT regula<br>the spouse's suppo<br>mount of income de   | arly paid for<br>ort of someo                   | the house<br>ne other th               | hold expense<br>nan you or yo                                 | es of you o<br>ur depend                  | r your<br>ents.                   |
|                        | Calculate the marital adjustment. Che  You are not married. Fill in 0 below.  You are married and your spouse is  You are married and your spouse is  Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page.  | ck one: . s filing with you. Fill in 0 to some some some some some some some som   | pelow.<br>that was NOT regula<br>the spouse's suppo   | arly paid for<br>ort of someo                   | the house<br>ne other th               | hold expense<br>nan you or yo                                 | es of you o<br>ur depend                  | r your<br>ents.                   |
|                        | Calculate the marital adjustment. Che  You are not married. Fill in 0 below.  You are married and your spouse is  You are married and your spouse is  Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page.  | ck one: . s filing with you. Fill in 0 to some some some some some some some som   | that was NOT regular the spouse's support mount of income de  | arly paid for<br>ort of someo                   | the house<br>ne other th               | hold expense<br>nan you or yo                                 | es of you o<br>ur depend                  | r your<br>ents.                   |
|                        | Calculate the marital adjustment. Che  You are not married. Fill in 0 below.  You are married and your spouse is  You are married and your spouse is  Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page.  | ck one: . s filing with you. Fill in 0 to some some some some some some some som   | pelow.<br>that was NOT regula<br>the spouse's suppo<br>mount of income de   | arly paid for<br>ort of someo                   | the house<br>ne other th               | hold expense<br>nan you or yo                                 | es of you o<br>ur depend                  | r your<br>ents.                   |
|                        | You are not married. Fill in 0 below. You are married and your spouse is You are married and your spouse is You are married and your spouse is Fill in the amount of the income list dependents, such as payment of th Below, specify the basis for excludinadjustments on a separate page.  If this adjustment does not apply, en   | ck one: . s filing with you. Fill in 0 to some some some some some some some som   | that was NOT regular the spouse's support mount of income de  | arly paid for<br>ort of someo<br>evoted to ear  | the house<br>ne other th<br>ch purpose | hold expense<br>nan you or yo                                 | es of you o<br>ur depend                  | r your<br>ents.                   |
| 14.                    | You are married and your spouse is Fill in the amount of the income listedependents, such as payment of the Below, specify the basis for excludical adjustments on a separate page. If this adjustment does not apply, entered the separate page.  Total  Your current monthly income. Subtractions are married and your spouse is Your current monthly income. Subtractions are married and your spouse is Your current monthly income. Subtractions are married and your spouse is You are married and your spouse is   | ck one: . s filing with you. Fill in 0 to so not filing with you. ed in line 11, Column B, re spouse's tax liability or ng this income and the anter 0 below.  act line 13 from line 12.   | that was NOT regulate the spouse's support mount of income de state of the spouse's support for | arly paid for<br>ort of someo<br>evoted to ear  | the house<br>ne other th<br>ch purpose | hold expense<br>nan you or yo<br>e. If necessar               | es of you o<br>ur depend                  | r your<br>ents.<br>tional         |
| 14.                    | Calculate the marital adjustment. Che  You are not married. Fill in 0 below.  You are married and your spouse is  You are married and your spouse is  Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excludinadjustments on a separate page.  If this adjustment does not apply, ending the page of the page of the page of the page.  Total  Your current monthly income. Subtractions of the page of t  | ck one: . s filing with you. Fill in 0 to so not filing with you. ed in line 11, Column B, re spouse's tax liability or ng this income and the anter 0 below.  act line 13 from line 12.   | that was NOT regulate the spouse's support mount of income de state of the spouse's support for | arly paid for<br>ort of someo<br>evoted to ear  | the house<br>ne other th<br>ch purpose | hold expense<br>nan you or yo<br>e. If necessar               | es of you o<br>ur depend<br>y, list addir | 7 your ents. tional 0.00          |
| 14.                    | Calculate the marital adjustment. Che  You are not married. Fill in 0 below.  You are married and your spouse is  You are married and your spouse is  Fill in the amount of the income list dependents, such as payment of th  Below, specify the basis for excludir adjustments on a separate page.  If this adjustment does not apply, en  Total  Your current monthly income. Subtraction of the control  | ck one: . s filing with you. Fill in 0 to so not filing with you. ed in line 11, Column B, re spouse's tax liability or ng this income and the anter 0 below.  act line 13 from line 12.   | that was NOT regulate the spouse's support mount of income de state of the spouse's support for | arly paid for<br>ort of someo<br>evoted to each | the house ne other the ch purpose      | hold expense<br>nan you or yo<br>e. If necessar<br>opy here=> | es of you o<br>ur depend<br>y, list addir | r your<br>ents.<br>tional         |
| 14.                    | Calculate the marital adjustment. Che  You are not married. Fill in 0 below.  You are married and your spouse is  You are married and your spouse is  Fill in the amount of the income list dependents, such as payment of th  Below, specify the basis for excludir adjustments on a separate page.  If this adjustment does not apply, en  Total  Your current monthly income. Subtraction of the control  | ck one: . s filing with you. Fill in 0 to so not filing with you. ed in line 11, Column B, re spouse's tax liability or ng this income and the anter 0 below.  act line 13 from line 12.  me for the year. Follow  | that was NOT regulate the spouse's support mount of income de state of the spouse's support for | arly paid for<br>ort of someo<br>evoted to each | the house ne other the ch purpose      | hold expense<br>nan you or yo<br>e. If necessar<br>opy here=> | es of you o<br>ur depend<br>y, list addir | 7 your ents. tional 0.00 1,988.11 |

Michael J Dinapoli

Debtor 1

3:17-bk-01656

Case number (if known)

|     |   | •   |   |                         |                  |  |
|-----|---|---|---|-------------------------|------------------|--|
| 16  | . Calcula   | ate the median family income that applies t   | o you. Follow these steps:  |                         |                  |  |
|     | 16a. Fill   | I in the state in which you live.   | FL  |                         |                  |  |
|     | 16b. Fill   | I in the number of people in your household.  | 2   |                         |                  |  |
|     | 16c. Fill   | in the median family income for your state ar   | nd size of household.   | \$                      | 55,344.00        |  |
|     |   | find a list of applicable median income amoustructions for this form. This list may also be a | nts, go online using the link specified in the separate vailable at the bankruptcy clerk's office.                                    |                         |                  |  |
| 17  | . How do  | the lines compare?  |   |                         |                  |  |
|     | 17a.  |   | on the top of page 1 of this form, check box 1, Disposition NOT fill out Calculation of Your Disposable Income                        |                         |                  |  |
|     | 17b.  |   | op of page 1 of this form, check box 2, <i>Disposable inc</i><br><b>Iculation of Your Disposable Income (Official For</b><br>4 above. |                         |                  |  |
| Par | t 3:  | Calculate Your Commitment Period Under  | l1 U.S.C. § 1325(b)(4)  |                         |                  |  |
| 18. | Сору у  | our total average monthly income from line  | e 11 .  | \$                      | 1,988.11         |  |
| 19. | Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. |   |   |                         |                  |  |
|     | •   | he marital adjustment does not apply, fill in 0   | on line 19a.  | <b>-</b> \$             | 0.00             |  |
|     |   |   |   |                         |                  |  |
|     | 19b. <b>Su</b>  | btract line 19a from line 18.   |   | \$                      | 1,988.11         |  |
| 20. | Calculate your current monthly income for the year. Follow these steps:   |   |   |                         |                  |  |
|     | 20a. Copy line 19b  |   |   | \$                      | 1,988.11         |  |
|     | Mu  | ultiply by 12 (the number of months in a year).   |   |                         | x 12             |  |
|     | 20b. Th   | e result is your current monthly income for the   | year for this part of the form  | \$_                     | 23,857.32        |  |
|     | 20c. Co   | ppy the median family income for your state a   | nd size of household from line 16c  | \$_                     | 55,344.00        |  |
|     | 21. <b>Ho</b>   | ow do the lines compare?  |   |                         |                  |  |
|     | -   | Line 20b is less than line 20c. Unless other period is 3 years. Go to Part 4.                 | wise ordered by the court, on the top of page 1 of thi  | is form, check box 3,   | The commitment   |  |
|     |   | Line 20b is more than or equal to line 20c. commitment period is 5 years. Go to Part 4        | Unless otherwise ordered by the court, on the top of .  | page 1 of this form, of | check box 4, The |  |
| Par | t 4: S  | Sign Below  |   |                         |                  |  |
|     | By signi  | ing here, under penalty of perjury I declare that   | at the information on this statement and in any attach  | nments is true and co   | rrect.           |  |
| )   | ( /s/ Mi  | chael J Dinapoli  |   |                         |                  |  |
| •   | Micha   | ael J Dinapoli  |   |                         |                  |  |
|     | Ū   | ure of Debtor 1   |   |                         |                  |  |
|     |   | une 23, 2017<br>M/DD/YYYY   |   |                         |                  |  |
|     |   | hecked 17a, do NOT fill out or file Form 122C   | <b>-2</b> .   |                         |                  |  |
|     | If you ch   | hecked 17b, fill out Form 122C-2 and file it wi   | th this form. On line 39 of that form, copy your curren   | nt monthly income from  | m line 14 above. |  |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Michael J Dinapoli

Debtor 1

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## United States Bankruptcy Court Middle District of Florida

| In re  | Michael J Dinapoli |   | Case No. | 3:17-bk-01656 |  |  |
|--|--------------------|---|----------|---------------|--|--|
|  |                    | Debtor(s)                                 | Chapter  | 13            |  |  |
| VERIFICATION OF CREDITOR MATRIX  |                    |   |          |               |  |  |
| The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge. |                    |   |          |               |  |  |
| Date:  | June 23, 2017      | /s/ Michael J Dinapoli Michael J Dinapoli |          |               |  |  |

Signature of Debtor

B2030 (Form 2030) (12/15)

## United States Bankruptcy Court Middle District of Florida

| In r | e Michael J Dinapoli   |   | Case No.  | 3:17-bk-01656  |  |  |
|------|--|---|---|--|--|--|
|      |  | Debtor(s)   | Chapter   | 13   |  |  |
|      | DISCLOSURE OF COM  | PENSATION OF ATTORNI  | EY FOR DE   | EBTOR(S)   |  |  |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplate   | filing of the petition in bankruptcy, or as   | greed to be paid                                  | to me, for services rendered or to                     |  |  |
|      | For legal services, I have agreed to accept  |   | \$  | 3,500.00   |  |  |
|      | Prior to the filing of this statement I have recei   | ved   | \$  | 2,500.00   |  |  |
|      |  |   | \$  | 1,000.00   |  |  |
| 2.   | The source of the compensation paid to me was:   |   |   |  |  |  |
|      | ■ Debtor □ Other (specify):  |   |   |  |  |  |
| 3.   | The source of compensation to be paid to me is:  |   |   |  |  |  |
|      | ■ Debtor □ Other (specify):  |   |   |  |  |  |
| 4.   | ■ I have not agreed to share the above-disclosed of  | compensation with any other person unles  | ss they are memb                                  | bers and associates of my law firm.                    |  |  |
|      | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. |   |   |  |  |  |
| 5.   | In return for the above-disclosed fee, I have agreed   | to render legal service for all aspects of t  | he bankruptcy c                                   | ase, including:  |  |  |
|      | <ul><li>a. Analysis of the debtor's financial situation, and r</li><li>b. Preparation and filing of any petition, schedules</li><li>c. Representation of the debtor at the meeting of cr</li><li>d. [Other provisions as needed]</li></ul>             | , statement of affairs and plan which may   | be required;                                      |  |  |  |
| 6.   | By agreement with the debtor(s), the above-disclose Representation of the debtors in any any other adversary proceeding. Ne planning; preparation and filing of remotions pursuant to 11 USC 522(f)(2)   | y dischargeability actions, judicial<br>gotiations with secured creditors t<br>eaffirmation agreements and applic | lien avoidance<br>o reduce to m<br>cations as nee | arket value; exemption eded; preparation and filing of |  |  |
|      |  | CERTIFICATION   |   |  |  |  |
| this | I certify that the foregoing is a complete statement obankruptcy proceeding.   | of any agreement or arrangement for pays  | ment to me for re                                 | epresentation of the debtor(s) in                      |  |  |
|      | June 23, 2017  | /s/ Justin McMurray   |   |  |  |  |
| Date |  | Justin McMurray 2460  | 68  |  |  |  |
|      |  | Signature of Attorney  Justin McMurray, P.A   | 1   |  |  |  |
|      |  | 10175 Fortune Parkw<br>Suite 603  |   |  |  |  |
|      |  | Jacksonville, FL 3225   | 56  |  |  |  |
|      |  | 352-433-0613 Fax: 86  | 66-796-2242                                       |  |  |  |
|      |  | jmcmurray@surviving Name of law firm  | gyourmortgag                                      | je.com   |  |  |